

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
Chris Wakim for Congress

ADDRESS (number and street) PO Box 2176
 Check if different than previously reported. (ACC)
Wheeling WV 26003

2. **FEC IDENTIFICATION NUMBER** C00416891
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
WV 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 07 01 2006 through 09 30 2006

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

Signature of Treasurer Electronically Filed by Keith A. Davis Date 10 14 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Chris Wakim for Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 164471.31 | 515357.74 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 400.00 | 500.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 164071.31 | 514857.74 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 161464.40 | 262444.06 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 161464.40 | 262444.06 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 320913.68 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 70000.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Chris Wakim for Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

92027.32

239402.12

(ii) Unitemized.....

22060.34

45771.95

(iii) TOTAL of contributions

114087.66

285174.07

from individuals..... ▶

25.00

5025.00

(b) Political Party Committees.....

46392.60

213292.60

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

3966.05

11866.07

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

164471.31

515357.74

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

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

0.00

0.00

13. LOANS

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

0.00

70000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

70000.00

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

0.00

0.00

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)..... ▶

164471.31

585357.74

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 161464.40 | 262444.06 |
| 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..... | 400.00 | 500.00 |
| (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))..... | 400.00 | 500.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 1500.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 161864.40 | 264444.06 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 318306.77 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 164471.31 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 482778.08 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 161864.40 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 320913.68 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

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

Mailing Address PO Box 646

City Lancaster State OH Zip Code 43130

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2006

Transaction ID: SA11A1.6612

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
Cheri Alt

Mailing Address 172 B Street

City Keyser State WV Zip Code 26726

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 25 / 2006

Transaction ID: SA11A1.6927

Amount of Each Receipt this Period
 600.00

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

C. Full Name (Last, First, Middle Initial)
Manuel Alvarez, III

Mailing Address 813 Birch Street

City Bridgeport State WV Zip Code 26330-1623

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

Name of Employer MEC Construction Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 17 / 2006

Transaction ID: SA11A1.6497

Amount of Each Receipt this Period
 2000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2700.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Mary Gloria Alvarez, III

Mailing Address 205 Locust Drive

City State Zip Code
Bridgeport WV 26330-1661

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

Name of Employer Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2006

Transaction ID: SA11A1.6482

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Janet Azinger

Mailing Address PO Box 5430

City State Zip Code
Vienna WV 26105

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

Name of Employer Occupation
Azinger Group LLC Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: SA11A1.5831

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 6410 Holland Dr.

City State Zip Code
Cumming GA 30041

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

Name of Employer Occupation
American Proteins Inc. Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
277.78

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2006

Transaction ID: SA11A1.6798

Amount of Each Receipt this Period
277.78

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

SUBTOTAL of Receipts This Page (optional) ▶ **1027.78**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Cathy Baliker

Mailing Address 1126 Blue Horizon Dr.

City Morgantown State WV Zip Code 26501

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

Name of Employer Danny's Door Service Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2006

Transaction ID: SA11A1.6917

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
Danny Baliker

Mailing Address 1126 Blue Horizon Drive

City Morgantown State WV Zip Code 26501

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

Name of Employer Self Occupation Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 17 / 2006

Transaction ID: SA11A1.6907

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Maxima Barcinas

Mailing Address PO Box 160

City Bridgeport State WV Zip Code 26330

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 17 / 2006

Transaction ID: SA11A1.6913

Amount of Each Receipt this Period
 1000.00

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

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Nancy Bickerstaff

Mailing Address 5 Stoneybrook Lane

City State Zip Code
Fairmont WV 26554

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

Name of Employer Occupation
Retired

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

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

Transaction ID: SA11A1.5973

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Charles Black

Mailing Address 208 Virginia Avenue

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
BKSH & Associates Chairman

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: SA11A1.6751

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Nancy Blanton

Mailing Address 2373 Wind Gap Place

City State Zip Code
Clearwater FL 33765

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

Name of Employer Occupation
Raymond James and Associates Financial Advisor

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: SA11A1.6652

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Gene Board

Mailing Address 1702 Morgantown Avenue

City State Zip Code
Fairmont WV 26554

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: SA11A1.6328

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Edward Boyle

Mailing Address PO Box 606

City State Zip Code
Fisher WV 26818

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

Name of Employer Mountaineer Contractors Inc Occupation Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: SA11A1.6493

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John Boyle, II

Mailing Address 15 Waterside Dr.

City State Zip Code
Morgantown WV 26508

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

Name of Employer Mountaineer Contractors Inc Occupation Estimator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: SA11A1.6494

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Ryan Boyle | | Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 |
| Mailing Address 12 Green Tree Dr | | Transaction ID: SA11A1.6495 |
| City Morgantown | State WV | Zip Code 26508 |
| Amount of Each Receipt this Period 1000.00 | | 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(i)/441a-1) <input type="checkbox"/> |
| Name of Employer Mountaineer Contractors | Occupation Supervisor | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Michael Bray | | Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006 |
| Mailing Address PO Box 2190 | | Transaction ID: SA11A1.6458 |
| City Clarksburg | State WV | Zip Code 26302 |
| Amount of Each Receipt this Period 250.00 | | 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(i)/441a-1) <input type="checkbox"/> |
| Name of Employer Steptoe and Johnson | Occupation Lawyer | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Lenore Broughton | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 52 Henry Street | | Transaction ID: SA11A1.6948 |
| City Burlington | State VA | Zip Code 05401 |
| Amount of Each Receipt this Period 1000.00 | | 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(i)/441a-1) <input type="checkbox"/> |
| Name of Employer Information Requested | Occupation Informatin Requested | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Jo Ann Byard | | Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006 | |
| Mailing Address 1020 5th Street | | Transaction ID: SA11A1.6260 | |
| City State Zip Code New Martinsville WV 26155 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Greenlawn Memorial Park | Occupation President | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Anita Carter | | Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006 | |
| Mailing Address 3017 Greystone Drive | | Transaction ID: SA11A1.6892 | |
| City State Zip Code Morgantown WV 26508 | Amount of Each Receipt this Period 350.00 | | |
| FEC ID number of contributing federal political committee. C | In-kind - Food for House Party <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Self | Occupation Interior Design | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. A. Russel Chandler | | Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2006 | |
| Mailing Address 700 Park Regency Pl. | | Transaction ID: SA11A1.6804 | |
| City State Zip Code Atlanta GA 30326 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Whitehall Group | Occupation Executive | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1650.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Michael Chisler

Mailing Address 1651 Days Run Road

City State Zip Code
Fairview WV 26570

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

Name of Employer Occupation
Chisler Incorporated President

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: SA11A1.6944

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Elaine Daugherty

Mailing Address Rt 1, Box 159A1

City State Zip Code
Lost Creek WV 26385

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

Name of Employer Occupation
Retired

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

1100.00

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

Transaction ID: SA11A1.6817

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Arlene Decker

Mailing Address 127-5th Street

City State Zip Code
Bridgeport WV 26330-1811

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

Name of Employer Occupation
Retired

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2006

Transaction ID: SA11A1.6909

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Jack Decker | | Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006 |
| Mailing Address 216 1/2 Maplewood Drive | | Transaction ID: SA11A1.6155 |
| City State Zip Code Fairmont WV 26554 | Amount of Each Receipt this Period 1200.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Decker's Contracting Owner | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 1200.00 | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Christina Deguzman | | Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006 |
| Mailing Address 126 Leewood Farms Dr. | | Transaction ID: SA11A1.6011 |
| City State Zip Code Wheeling WV 26003 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Homemaker | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 300.00 | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. James DeMarco | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address Rt. 2 Box 190 | | Transaction ID: SA11A1.6114 |
| City State Zip Code Lost Creek WV 26385 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Self Physician | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2300.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Kimberly DeVault | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address 101 Brittany Oaks Drive | | Transaction ID: SA11A1.6102 |
| City State Zip Code Fairmont WV 26554 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation _____ Homemaker | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| _____ 1000.00 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Kimberly DeVault | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address 101 Brittany Oaks Drive | | Transaction ID: SA11A1.6104 |
| City State Zip Code Fairmont WV 26554 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation _____ Homemaker | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| _____ 1300.00 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Frank Donatelli | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address 831 Herbert Springs Road | | Transaction ID: SA11A1.6854 |
| City State Zip Code Alexandria VA 22308 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation McGuireWoods Consulting Executive Vice President | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| _____ 1000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2300.00 |
| 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 15 / 125 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Donald Donell Mailing Address PO Box 2436 City Weirton State WV Zip Code 26062 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.6230 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: Starvaggi Industries Inc Occupation: President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Sandra Dunn Mailing Address 1 Orchard Hill City Point Pleasant State WV Zip Code 25550 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.6290 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: B J Builders Inc Occupation: President and CEO Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00 | | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Mr. Shawn Eddy Mailing Address 5109 Briar Meadow Dr. City Cross Lanes State WV Zip Code 25313 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.6164 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer: Genesis Health Care Occupation: Nursing Home Administrator Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00 | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1450.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Lorie Edwards

Mailing Address 109 Waverly Way Ave.

City State Zip Code
Clarksburg WV 26301

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

Name of Employer American Destinations Inc. Occupation Tour Planner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: SA11A1.6487

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
John Elliot

Mailing Address 240 Capitol Street, Suite 500

City State Zip Code
Charleston WV 25301

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

Name of Employer John Elliot Associates Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: SA11A1.6857

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Joseph Endrich

Mailing Address 362 Hudson Hill Road

City State Zip Code
Weirton WV 26062

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

Name of Employer Weirton Medical Center Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11A1.6234

Amount of Each Receipt this Period
250.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3250.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

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

Mailing Address HC 70 Box 535

City State Zip Code
Davis WV 26260

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: SA11A1.5851

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
John Ferguson

Mailing Address HC 70 Box 535

City State Zip Code
Davis WV 26260

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

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

Transaction ID: SA11A1.6135

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 112 Woodshire Dr.

City State Zip Code
Parkersburg WV 26101

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

Name of Employer Occupation
Dupont Company Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: SA11A1.5848

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Eric Frankovitch, Esq.

Mailing Address 1366 Lick Run Road

City State Zip Code
Weirton WV 26062

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

Name of Employer Frankovitch, Anetakis, Co-lanto
Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

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

Transaction ID: SA11A1.6252

Amount of Each Receipt this Period
1000.00

Frankovitch, Antakis, Col-antonio, & Simon
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mance Frankovitch

Mailing Address 1952 Lyons Rd.

City State Zip Code
Weirton WV 26062

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

Name of Employer Weirton Lumber Company
Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2006

Transaction ID: SA11A1.6021

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Marlene Frich, Jr.

Mailing Address 105 Scenery Drive

City State Zip Code
Morgantown WV 26505-2522

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

Name of Employer
Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: SA11A1.6484

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 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: (check only one) | PAGE 19 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Thomas Garr | | Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006 | |
| Mailing Address 4245 Paran Walk, NW | | Transaction ID: SA11A1.6792 | |
| City Atlanta | State GA | Amount of Each Receipt this Period 250.00 | |
| Zip Code 30327 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Mastholm Asset Mgmt. | Occupation Director | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Angelo Georges | | Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006 | |
| Mailing Address 40 Medical Park Suite 501 | | Transaction ID: SA11A1.5895 | |
| City Wheeling | State WV | Amount of Each Receipt this Period 250.00 | |
| Zip Code 26003 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed | Occupation Physician | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 700.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Joan Gibson | | Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006 | |
| Mailing Address 1104 Koontz Avenue | | Transaction ID: SA11A1.6514 | |
| City Morgantown | State WV | Amount of Each Receipt this Period 25.00 | |
| Zip Code 26505 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 225.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 525.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Glaub

Mailing Address Box 100

City State Zip Code
Stubenville OH 43952

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

Name of Employer Self Occupation Construction

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11A1.6916

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Patrick Graney, III

Mailing Address 500 River East Drive

City State Zip Code
Belle WV 25015

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

Name of Employer Petroleum Products Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: SA11A1.6933

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Harry Green

Mailing Address 787 W. Shannon Road

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Harry Green Chevrolet Occupation Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: SA11A1.6488

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Charles Greener

Mailing Address 3900 Wisconsin Avenue NW

City Washington State DC Zip Code 20016

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

Name of Employer Fannie Mae Occupation Senior Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2006

Transaction ID: SA11A1.6846

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
Sally Hanna

Mailing Address 245 Perimeter Center Pkwy, NE

City Atlanta State GA Zip Code 30346

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

Name of Employer Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 25 / 2006

Transaction ID: SA11A1.6802

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
William Harris

Mailing Address 3314 Mantua Drive

City Fairfax State VA Zip Code 22031

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

Name of Employer Self Occupation Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2006

Transaction ID: SA11A1.6937

Amount of Each Receipt this Period
 500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Art Hartley, Jr. | | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6 |
| Mailing Address 29 Warwick Road | | Transaction ID: SA11A1.6217 |
| City Point Pleasant | State WV | Zip Code 25550 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer City Ice and Fuel Co | Occupation Chairman and CEO | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Art Hartley, Jr. | | Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6 |
| Mailing Address 29 Warwick Road | | Transaction ID: SA11A1.6289 |
| City Point Pleasant | State WV | Zip Code 25550 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 700.00 |
| Name of Employer City Ice and Fuel Co | Occupation Chairman and CEO | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mr. Denny Harton | | Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 7 / 2 0 0 6 |
| Mailing Address 13 Industrial Blvd. | | Transaction ID: SA11A1.5813 |
| City Parkersburg | State WV | Zip Code 26104 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer GasDearch Corp. | Occupation Executive | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 600.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Ronald Hayhurst

Mailing Address 103 Bayberry Ln.

City State Zip Code
Fairmont WV 26554

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

Name of Employer Occupation
Hayhurst Company Owner

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

2000.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2006

Transaction ID: SA11A1.6452

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Gregory Herndon

Mailing Address 83 Edgington Lane

City State Zip Code
Wheeling WV 26003

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

Name of Employer Occupation
Herndon Morton Herndon & Y-eager Lawyer

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

400.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2006

Transaction ID: SA11A1.6585

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Thomas Hillegas

Mailing Address Rt. 4, Box 320

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Occupation
Landmark Realty Services Realtor

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

400.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: SA11A1.6480

Amount of Each Receipt this Period
250.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Audrey Horne

Mailing Address 7430 East Cactus Wren Road

City State Zip Code
Scottsdale AZ 85250

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2006

Transaction ID: SA11A1.6032

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Heather Hostutler

Mailing Address 1005 Rainbow Road

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Occupation
WVU Student

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11A1.6824

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Gary Howell

Mailing Address PO Box 39 Mt. View

City State Zip Code
Keyser WV 26726

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

Name of Employer Occupation
Howell Automotive Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: SA11A1.6582

Amount of Each Receipt this Period
100.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1150.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Gary Howell

Mailing Address PO Box 39 Mt. View

City State Zip Code
Keyser WV 26726

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

Name of Employer
Howell Automotive

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: SA11A1.6733

Amount of Each Receipt this Period
100.00

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

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

Mailing Address PO Box 2069

City State Zip Code
Morgantown WV 26502

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

Name of Employer
Riverside Apostolic Church

Occupation
Pastor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

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

Transaction ID: SA11A1.6259

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Dale Hunt

Mailing Address 4025 Greystone Drive

City State Zip Code
Morgantown WV 26508

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

Name of Employer
WVU Foundation

Occupation
Associate VP for Investments

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

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

Transaction ID: SA11A1.6054

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Laura Innocenti

Mailing Address 202 Debbie Ann Dr.

City State Zip Code
Wheeling WV 26003

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

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

Transaction ID: SA11A1.6126

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Jeremy Jacobs

Mailing Address 1300 North Davis Road

City State Zip Code
East Aurora NY 14052

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

Name of Employer Occupation
Delaware Park Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1400.00

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

Transaction ID: SA11A1.6043

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
David Jeffers

Mailing Address 2315 N. Utah Street

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Fannie Mae Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: SA11A1.6920

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Craig Jennings

Mailing Address Rt 1 Box 129

City State Zip Code
Thornton WV 26440

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

Name of Employer Occupation
Jennings Excavating Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

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

Transaction ID: SA11A1.6203

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Robert Justiss, III

Mailing Address 125 Sherman Avenue

City State Zip Code
Morgantown WV 26501

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

Name of Employer Occupation
Merck Salesman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: SA11A1.6084

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Bryan Katchur

Mailing Address 22 Chadwick Square

City State Zip Code
Vienna WV 26105

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

Name of Employer Occupation
Woodcraft Supply Corporation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: SA11A1.5833

Amount of Each Receipt this Period
500.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 950.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Bryan Katchur

Mailing Address 22 Chadwick Square

City State Zip Code
Vienna WV 26105

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

Name of Employer
Woodcraft Supply Corporation

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11A1.6583

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Patrick Kelly

Mailing Address 1614 Teter Road

City State Zip Code
Charleston WV 25314

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

Name of Employer
Step toe and Johnson PLLC

Occupation
Managing Member

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2006

Transaction ID: SA11A1.6337

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
Virginia King

Mailing Address 328 Mc Kinley Avenue

City State Zip Code
Charleston WV 25314

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

Name of Employer
Self

Occupation
Kanawha Store Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2006

Transaction ID: SA11A1.6931

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Jack Koay | | Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006 |
| Mailing Address 17 Pheasant Drive/ PO Box 908 | | Transaction ID: SA11A1.6284 |
| City State Zip Code Fairmont WV 26555 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Jack S Koay, MD Inc. | Occupation Orthopedic Surgeon | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Robert Krall | | Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006 |
| Mailing Address 83 Edgington Lane | | Transaction ID: SA11A1.6625 |
| City State Zip Code Wheeling WV 26003 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Herndon, Morton, Herndon, and | Occupation Attorney | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 650.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Thomas Laurita | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address 2349 Grafton Rd. | | Transaction ID: SA11A1.6145 |
| City State Zip Code Morgantown WV 26508 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Self | Occupation Contractor | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) | 2250.00 |
| TOTAL This Period (last page this line number only) | (Empty box) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

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

Mailing Address PO Box 64

City State Zip Code
Meadowbrook WV 26404

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

Name of Employer Occupation
Mountaineer Contracting Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: SA11A1.6490

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Jon Letzkus

Mailing Address 117 Euclid Ave.

City State Zip Code
Wheeling WV 26003

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID: SA11A1.6092

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Carl Liebig

Mailing Address 106 Doctors Drive

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Occupation
Self Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: SA11A1.6207

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. William Maloney | | Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006 | |
| Mailing Address 3959 Eastlake Dr. | | Transaction ID: SA11A1.6173 | |
| City Morgantown | State WV | Amount of Each Receipt this Period 2100.00 | |
| Zip Code 26508 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Shaft Drillers | Occupation Managing director | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4100.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Michelle Martin | | Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 | |
| Mailing Address 7116 Scottsdale Road | | Transaction ID: SA11A1.6911 | |
| City Fairmont | State WV | Amount of Each Receipt this Period 900.00 | |
| Zip Code 26554 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Martin's Fast Food of WV | Occupation Secretary/Treasurer | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1100.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Mary Ann McCord | | Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 | |
| Mailing Address 1427 Martha Custis Drive | | Transaction ID: SA11A1.6941 | |
| City Alexandria | State VA | Amount of Each Receipt this Period 500.00 | |
| Zip Code 22302 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Consultant | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
James McCutcheon

Mailing Address PO Box 4268

City Parkersburg State WV Zip Code 26104

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.6338

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Catherine McKinney

Mailing Address 636 Riverdell Dr.

City Bridgeport State WV Zip Code 26330

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

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

Transaction ID: SA11A1.6020

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Catherine McKinney

Mailing Address 636 Riverdell Dr.

City Bridgeport State WV Zip Code 26330

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.6479

Amount of Each Receipt this Period
200.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1300.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Catherine McKinney

Mailing Address 636 Riverdell Dr.

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Occupation
Retired

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

Date of Receipt
09 / 07 / 2006

Transaction ID: SA11A1.6548

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Douglas McKinney

Mailing Address 636 Rivendell Dr.

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2075.56

Date of Receipt
07 / 07 / 2006

Transaction ID: SA11A1.5838

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Douglas McKinney

Mailing Address 636 Rivendell Dr.

City State Zip Code
Bridgeport WV 26330

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3075.56

Date of Receipt
08 / 09 / 2006

Transaction ID: SA11A1.6171

Amount of Each Receipt this Period
1000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1300.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Douglas McKinney

Mailing Address 636 Rivendell Dr.

City State Zip Code
Bridgeport WV 26330

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

Name of Employer
Self Employed

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3225.56

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: SA11A1.6549

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
George McNeill

Mailing Address 1404 Danby Hill Road

City State Zip Code
Danby VT 05739

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

Name of Employer
State of Vermont

Occupation
Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: SA11A1.6939

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Harvey Meyerhoff

Mailing Address 25 S. Charles Street Ste. 2100

City State Zip Code
Baltimore MD 21201

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

Name of Employer

Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: SA11A1.6654

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
David Millit

Mailing Address 4 Williamsburg Circle

City State Zip Code
Wheeling WV 26003

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: SA11A1.6742

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Senator Sarah Minear

Mailing Address 3952 Eastlake Dr.

City State Zip Code
Morgantown WV 26508

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

Name of Employer State of West Virginia Occupation
Senator

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3636.21

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2006

Transaction ID: SA11A1.6888

Amount of Each Receipt this Period
1036.21

In-kind - Food for House Party
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Rick Modesitt

Mailing Address PO Box 2206

City State Zip Code
Parkersburg WV 26102

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

Name of Employer Self-employed Occupation
Realtor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2006

Transaction ID: SA11A1.6026

Amount of Each Receipt this Period
100.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1236.21 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Rick Modesitt

Mailing Address PO Box 2206

City Parkersburg State WV Zip Code 26102

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

Name of Employer Self-employed Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2006

Transaction ID: SA11A1.6597

Amount of Each Receipt this Period
 25.00

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

B. Full Name (Last, First, Middle Initial)
Susan Moore

Mailing Address 2119 Miller Ave.

City Fairmont State WV Zip Code 26554

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

Name of Employer Cleaning Services LLC Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.6045

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Edgar Morano

Mailing Address 106 Walnut Woods Dr.

City Wheeling State WV Zip Code 26003

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

Name of Employer Physician Billing Service Occupation Medical Practice Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 26 / 2006

Transaction ID: SA11A1.5878

Amount of Each Receipt this Period
 50.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1075.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Edgar Morano | | Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006 |
| Mailing Address 106 Walnut Woods Dr. | | Transaction ID: SA11A1.6818 |
| City State Zip Code Wheeling WV 26003 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Physician Billing Service | Occupation Medical Practice Consultant | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Edgar Morano | | Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006 |
| Mailing Address 106 Walnut Woods Dr. | | Transaction ID: SA11A1.6657 |
| City State Zip Code Wheeling WV 26003 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Physician Billing Service | Occupation Medical Practice Consultant | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Dorothy Muller | | Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006 |
| Mailing Address 903 Sylvan Avenue | | Transaction ID: SA11A1.5980 |
| City State Zip Code Fairmont WV 26554 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Image System Specialist | Occupation Owner | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Dorothy Muller | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 | |
| Mailing Address 903 Sylvan Avenue | | Transaction ID: SA11A1.6003 | |
| City State Zip Code Fairmont WV 26554 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Image System Specialist | Occupation Owner | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1200.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ken Nanners | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 | |
| Mailing Address 170 Leewod Farms Road | | Transaction ID: SA11A1.6023 | |
| City State Zip Code Wheeling WV 26003 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Self Employed | Occupation Physician | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 550.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Jeep Naum | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 | |
| Mailing Address 31 Fieldcrest Drive | | Transaction ID: SA11A1.6027 | |
| City State Zip Code Wheeling WV 26003 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Self-Employed | Occupation Physician | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3300.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 950.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
William Nesselrotte

Mailing Address 51 Nixon School Road

City State Zip Code
Fairmont WV 26554

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

Name of Employer Allegheny Energy Service Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

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

Transaction ID: SA11A1.6141

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Ronald Neville

Mailing Address 3541 E. Kingswood Drive

City State Zip Code
Springfield MO 65809

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

Name of Employer Self Occupation Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2006

Transaction ID: SA11A1.6613

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Julie Noorbakhsh

Mailing Address 5211 Glenbrook

City State Zip Code
Vienna WV 26105

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

Name of Employer Noorbakhsh & Bobbit Inc Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: SA11A1.5839

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Frank Northrup | | Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2006 | |
| Mailing Address 923 51st St. | | Transaction ID: SA11A1.5810 | |
| City Vienna | State WV | Zip Code 26105 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Northrup Equipment | Occupation Owner | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Lisa O'Sullivan | | Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006 | |
| Mailing Address 1707 Liberty Street | | Transaction ID: SA11A1.5906 | |
| City Parkersburg | State WV | Zip Code 26101 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Wood County Schools | Occupation Teacher | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Lisa O'Sullivan | | Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 | |
| Mailing Address 1707 Liberty Street | | Transaction ID: SA11A1.6576 | |
| City Parkersburg | State WV | Zip Code 26101 | Amount of Each Receipt this Period 200.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Wood County Schools | Occupation Teacher | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 450.00 | | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
David Olwell

Mailing Address 1100 Castro Rd.

City Monterey State CA Zip Code 93940

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

Name of Employer US Navy Occupation Professor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 11 / 2006

Transaction ID: SA11A1.6570

Amount of Each Receipt this Period
 150.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Joseph Palmer

Mailing Address 1804 Wardwood Ave.

City Wheeling State WV Zip Code 26003

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 03 / 2006

Transaction ID: SA11A1.5809

Amount of Each Receipt this Period
 300.00

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

C. Full Name (Last, First, Middle Initial)
William Paxon

Mailing Address 4004 Sharp Place

City Alexandria State VA Zip Code 22304

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

Name of Employer Akin Gump Strauss Hauer & Feld Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 22 / 2006

Transaction ID: SA11A1.6918

Amount of Each Receipt this Period
 500.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 950.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Parry Petrolus | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006 |
| Mailing Address 3955 Eastlake Drive | | Transaction ID: SA11A1.6546 |
| City State Zip Code Morgantown WV 26508 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self Occupation Estate | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mrs. Holly Planinsic | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 02 / 2006 |
| Mailing Address 14 Williamsburg Cr. | | Transaction ID: SA11A1.6012 |
| City State Zip Code Wheeling WA 26003 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Herndon Morton Herndon Yaeger Occupation Attorney | Election Cycle-to-Date 2250.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mrs. Holly Planinsic | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006 |
| Mailing Address 14 Williamsburg Cr. | | Transaction ID: SA11A1.6538 |
| City State Zip Code Wheeling WA 26003 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Herndon Morton Herndon Yaeger Occupation Attorney | Election Cycle-to-Date 3250.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 3250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Brandi Potock | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2006 |
| Mailing Address 1338 Headlee Avenue #3 | | Transaction ID: SA11A1.5864 |
| City Morgantown State WV Zip Code 26505 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Mon Co Family Resource Network Occupation Social Services Director | Election Cycle-to-Date 300.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Brandi Potock | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006 |
| Mailing Address 1338 Headlee Avenue #3 | | Transaction ID: SA11A1.6315 |
| City Morgantown State WV Zip Code 26505 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Mon Co Family Resource Network Occupation Social Services Director | Election Cycle-to-Date 400.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Merry Powell | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 14 / 2006 |
| Mailing Address 505 Westend Drive | | Transaction ID: SA11A1.6248 |
| City Fairmont State WV Zip Code 26554 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Marion Electric Company Occupation Engineer | Election Cycle-to-Date 300.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 700.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Beth Prather

Mailing Address 1129 Washington Farms Road

City State Zip Code
Wheeling WV 26003

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

Name of Employer Occupation
M & B Prather Owner

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

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2006

Transaction ID: SA11A1.6539

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Owen Roberts

Mailing Address PO Box 1168

City State Zip Code
Belleair Bluffs FL 33779

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

Name of Employer Occupation
CFC Executive

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11A1.6593

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Susan Roberts

Mailing Address 4 Belleview Blvd.

City State Zip Code
Belleair FL 33756

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

Name of Employer Occupation
CFC Executive

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11A1.6591

Amount of Each Receipt this Period
2000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 6100.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Hugh Roff, Jr. | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 | |
| Mailing Address 333 Clay Street, Suite 4300 | | Transaction ID: SA11A1.6848 | |
| City State Zip Code Houston TX 77002 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Roff Resources LLC | Occupation Chairman of the Board | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Tom Rogers | | Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006 | |
| Mailing Address 245 Lakeview Dr. | | Transaction ID: SA11A1.6166 | |
| City State Zip Code Morgantown WV 26508 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Thoughtfulness Inc. | Occupation Retailers | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Allen Ross | | Date of Receipt M M / D D / Y Y Y Y 08 / 09 / 2006 | |
| Mailing Address 2610 27th Street | | Transaction ID: SA11A1.6194 | |
| City State Zip Code Parkersburg WV 26104 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer | Occupation Retired | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 235.00 | | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Mark Sadd

Mailing Address 207 Beauregard St.

City Charleston State WV Zip Code 25301

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

Name of Employer Lewis Glasser Casey & Rolins
Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: SA11A1.5982

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Melvin Saludes

Mailing Address PO Box 6083

City Wheeling State WV Zip Code 26003

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

Name of Employer Self
Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2006

Transaction ID: SA11A1.6595

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Michael Simmons

Mailing Address 3308 Kim St.

City Parkersburg State WV Zip Code 26104

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

Name of Employer Larry Simmons Car Dealership
Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

Transaction ID: SA11A1.5837

Amount of Each Receipt this Period
200.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 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: (check only one) | PAGE 47 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

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

Mailing Address 55589 National Road

City State Zip Code
Bridgeport OH 43912

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

Name of Employer Occupation
Sledd Co. Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2150.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2006

Transaction ID: SA11A1.6016

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
William Skipper

Mailing Address 10200 Wendover Rd.

City State Zip Code
Vienna VA 22181

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

Name of Employer Occupation
American Business Dev. Group Consultant

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

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

Transaction ID: SA11A1.6794

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Gregory Smith

Mailing Address 600 55th Street

City State Zip Code
Vienna WV 26105

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

Name of Employer Occupation
Chris Wakim for Congress Field Staff

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

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

Transaction ID: SA11A1.6843

Amount of Each Receipt this Period
100.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 400.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

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

Mailing Address 600 55th Street

City State Zip Code
Vienna WV 26105

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

Name of Employer: Chris Wakim for Congress
Occupation: Field Staff

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2006

Transaction ID: SA11A1.6197

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 700 Coleman Avenue

City State Zip Code
Fairmont WV 26554-2515

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

Name of Employer: Bluefield State College
Occupation: Assistant Provost

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2006

Transaction ID: SA11A1.5992

Amount of Each Receipt this Period
1200.00

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

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

Mailing Address 1086 Westview Drive

City State Zip Code
Fairmont WV 26554

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

Name of Employer: Lockheed Martin
Occupation: Systems Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

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

Transaction ID: SA11A1.6080

Amount of Each Receipt this Period
200.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 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: (check only one) | PAGE 49 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Carl Steenstra

Mailing Address Rt 1 Box 22

City State Zip Code
Grafton WV 26354

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

Name of Employer Occupation
Toothman & Ford Sales Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2006

Transaction ID: SA11A1.6647

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Don Stemple

Mailing Address RR 2 Box 62

City State Zip Code
Philippi WV 26416

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

Name of Employer Occupation
Self Stemple's Ready Mix

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2006

Transaction ID: SA11A1.6170

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Don Stemple

Mailing Address RR 2 Box 62

City State Zip Code
Philippi WV 26416

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

Name of Employer Occupation
Self Stemple's Ready Mix

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2006

Transaction ID: SA11A1.6890

Amount of Each Receipt this Period
350.00

In-kind - Food for House Party
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 650.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Don Steorts | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address 25 Dally Drive | | Transaction ID: SA11A1.6099 |
| City State Zip Code Fairmont WV 26554 | Amount of Each Receipt this Period 400.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer WV DOT | Occupation Highway Administration | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mr. Franc Stern | | Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006 |
| Mailing Address 1 Carriage Dr. | | Transaction ID: SA11A1.6225 |
| City State Zip Code Fairmont WV 26554 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Mont Levine Inc. | Occupation Owner | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Michael Stern | | Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006 |
| Mailing Address 77 Georgian Manor | | Transaction ID: SA11A1.6242 |
| City State Zip Code Fairmont WV 26554 | Amount of Each Receipt this Period 1030.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Stern Management Corp. In-c. | Occupation Self Employed | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1030.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2430.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Joe Tanner | | Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006 |
| Mailing Address 50 Hurt Plaza | | Transaction ID: SA11A1.6790 |
| City State Zip Code Atlanta GA 30303 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Joe Tanner & Assoc | Occupation President | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Betty Thrush | | Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 |
| Mailing Address 1168 Halleck Rd. | | Transaction ID: SA11A1.6486 |
| City State Zip Code Morgantown WV 26508 | Amount of Each Receipt this Period 800.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Self | Occupation Physician | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Leonard Timms | | Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 |
| Mailing Address 41 Cedar Ln. | | Transaction ID: SA11A1.6574 |
| City State Zip Code Bridgeport WV 26330 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation Retired | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1150.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Caroline Tringali

Mailing Address 8509 Hitching Post Lane

City State Zip Code
Alexandria VA 22308

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

Name of Employer Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: SA11A1.6922

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Bruce Vest

Mailing Address PO Box 3301

City State Zip Code
Charleston WV 25333

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: SA11A1.6935

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Don Wagenheim

Mailing Address PO Box 6208

City State Zip Code
Wheeling WV 26003

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

Name of Employer Occupation
H.E. Neumann Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2050.00

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

Transaction ID: SA11A1.5863

Amount of Each Receipt this Period
100.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2100.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| A. Full Name (Last, First, Middle Initial) Don Wagenheim Mailing Address PO Box 6208 City <u>Wheeling</u> State <u>WV</u> Zip Code <u>26003</u> FEC ID number of contributing federal political committee. <u>C</u> | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5893 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | / | 2 | 5 | / | 2 | 0 | 0 | 6 | 250.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 7 | / | 2 | 5 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer: H.E. Neumann Occupation: Owner Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1"> <tr> <td>2300.00</td> </tr> </table> | | 2300.00 | | | | | | | | | | | | | | | | | | | | | |
| 2300.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| B. Full Name (Last, First, Middle Initial) Don Wagenheim Mailing Address PO Box 6208 City <u>Wheeling</u> State <u>WV</u> Zip Code <u>26003</u> FEC ID number of contributing federal political committee. <u>C</u> | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5996 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 7 | / | 3 | 1 | / | 2 | 0 | 0 | 6 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 7 | / | 3 | 1 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer: H.E. Neumann Occupation: Owner Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1"> <tr> <td>2800.00</td> </tr> </table> | | 2800.00 | | | | | | | | | | | | | | | | | | | | | |
| 2800.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| C. Full Name (Last, First, Middle Initial) Mrs. Blanche Wakim Mailing Address 11 Storch Ave. City <u>Wheeling</u> State <u>WV</u> Zip Code <u>26003</u> FEC ID number of contributing federal political committee. <u>C</u> | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.6255 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | / | 1 | 4 | / | 2 | 0 | 0 | 6 | 100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | / | 1 | 4 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 100.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation: Retired Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1"> <tr> <td>1200.00</td> </tr> </table> | | 1200.00 | | | | | | | | | | | | | | | | | | | | | |
| 1200.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 850.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Samuel Wakim

Mailing Address 544 N. Main Street

City Yreka State CA Zip Code 96097

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

Name of Employer Self Occupation Dentist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2006

Transaction ID: SA11A1.6834

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Michael Walker

Mailing Address 1016 Rustling Rd.

City South Charleston State WV Zip Code 25303

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

Name of Employer Walker Machinery Company Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2006

Transaction ID: SA11A1.6856

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Dr. David Waxman

Mailing Address Rt. 1 Box 352

City Clarksburg State WV Zip Code 26301

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 07 / 2006

Transaction ID: SA11A1.6550

Amount of Each Receipt this Period
 100.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1600.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
Terry Waxman

Mailing Address RR 1 Box 352

City State Zip Code
Clarksburg WV 26301

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

Name of Employer Occupation
Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

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

Transaction ID: SA11A1.6123

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mary Beth Weiss

Mailing Address 1304 Hawthorne Lane

City State Zip Code
Hinsdale IL 60521

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

Name of Employer Occupation
Free Enterprise Fund Political Analyst

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: SA11A1.6645

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Leozs Wells

Mailing Address PO Box 926040

City State Zip Code
Norcross GA 30010

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

Name of Employer Occupation
Wells & Assoc. Real Estate

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 533.33

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2006

Transaction ID: SA11A1.6800

Amount of Each Receipt this Period
533.33

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2533.33 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 / 125 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|---|-------------------------------------|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Phil Weser | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2006 | |
| Mailing Address 973 Tyrone Rd. | | Transaction ID: SA11A1.6330 | |
| City Morgantown | State WV | Zip Code 26508 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer March Westin | Occupation CEO | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | | |

| | | | |
|---|------------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Charles Wimer | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2006 | |
| Mailing Address PO Box 129 | | Transaction ID: SA11A1.6245 | |
| City Keyser | State WV | Zip Code 26726 | Amount of Each Receipt this Period 400.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Keyser High | Occupation Principal | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | | |

| | | | |
|---|------------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Charles Wimer | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006 | |
| Mailing Address PO Box 129 | | Transaction ID: SA11A1.6643 | |
| City Keyser | State WV | Zip Code 26726 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Keyser High | Occupation Principal | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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) ▶ | 92027.32 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 57 / 125 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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| |
|---|
| NAME OF COMMITTEE (In Full) Chris Wakim for Congress |
|---|

| | |
|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) A. Doddridge Co. Republican Executive Committee | |
| Mailing Address 20 B RR 2 | |
| City SALEM | State Zip Code WV 26426 |
| FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 25.00 |

| |
|---|
| Date of Receipt MM / DD / YYYY 08 / 15 / 2006 |
| Transaction ID: SA11B.6869 |
| Amount of Each Receipt this Period 25.00 |
| <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 25.00 |
| TOTAL This Period (last page this line number only) | 25.00 |

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 58 / 125 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS | | Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006 |
| Mailing Address 1111 N. Plaza Dr. Suite 550 | | Transaction ID: SA11C.6240 |
| City State Zip Code Schaumburg IL 60173 | FEC ID number of contributing federal political committee. C C00273003 | Amount of Each Receipt this Period 2500.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 5000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION PAC | | Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006 |
| Mailing Address 10801 Rockville Pike | | Transaction ID: SA11C.6815 |
| City State Zip Code Rockville MD 20852 | FEC ID number of contributing federal political committee. C C00210666 | Amount of Each Receipt this Period 500.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. ASSOCIATED BUILDERS AND CONTRACTORS PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address 4250 North Fairfax Drive 9th Floor | | Transaction ID: SA11C.6865 |
| City State Zip Code Arlington VA 22203 | FEC ID number of contributing federal political committee. C C00010421 | Amount of Each Receipt this Period 5000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 5000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 8000.00 |
| 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 59 / 125 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
BADGER FUND INC ; THE

Mailing Address 1055 THOMAS JEFFERSON STREET NW
SUITE 215

City State Zip Code
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00409680

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11C.5961

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
BARRETT FOR CONGRESS

Mailing Address P.O. Box 869
PO BOX 869

City State Zip Code
Westminster SC 29693

FEC ID number of contributing federal political committee. **C** C00366617

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1111.12

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 25 / 2006

Transaction ID: SA11C.6813

Amount of Each Receipt this Period
1111.12

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

C. Full Name (Last, First, Middle Initial)
CHECKFREE CORP PAC

Mailing Address 4411 E. Jones Bridge Road

City State Zip Code
Norcross GA 30092

FEC ID number of contributing federal political committee. **C** C00378166

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: SA11C.6806

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2361.12**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 / 125 |
| | <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)
Chris Wakim for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Citizens for Riffle Committee | | Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006 |
| Mailing Address 1130 Blue Horizon Drive | | Transaction ID: SA11C.6564 |
| City State Zip Code Morgantown WV 26505 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 100.00 | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Committee For Thompson | | Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006 |
| Mailing Address 67761 Mills Road | | Transaction ID: SA11C.6562 |
| City State Zip Code St. Clairsville OH 43950 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 100.00 | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. CONAWAY FOR CONGRESS | | Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 |
| Mailing Address PO Box 51272 | | Transaction ID: SA11C.6958 |
| City State Zip Code Midland TX 79710 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00383828 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 2000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1200.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 61 / 125 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPORTUNITY LEADERSHIP & ENTERPRISE PAC

Mailing Address 12176 Chancery Station Cir

City Reston State VA Zip Code 20190-5803

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11C.5886

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
ED ROYCE FOR CONGRESS

Mailing Address P.O. Box 2525

City Orange State CA Zip Code 92859

FEC ID number of contributing federal political committee. **C** C00200865

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11C.5957

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
FEDERAL VICTORY FUND

Mailing Address 6429 DOWNING COURT

City ANNANDALE State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C** C00355271

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: SA11C.6737

Amount of Each Receipt this Period
2000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 / 125 |
| | <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)
Chris Wakim for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. FPL PAC FLORIDA POWER & LIGHT CO EMPLOYEES POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address 700 Universe Blvd. P.O. BOX 14000 | | Transaction ID: SA11C.6863 |
| City Juno Beach State FL Zip Code 33408 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C C00064774 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. FREEDOM PROJECT; THE | | Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006 |
| Mailing Address 509 7th Street NW Third Floor | | Transaction ID: SA11C.6953 |
| City Washington State DC Zip Code 20004 | Amount of Each Receipt this Period 346.48 | |
| FEC ID number of contributing federal political committee. C C00305805 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 9846.48 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF JACK KINGSTON | | Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006 |
| Mailing Address PO Box 2133 PO Box 2133 | | Transaction ID: SA11C.6518 |
| City Savannah State GA Zip Code 31402 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00261958 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3846.48 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 63 / 125 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
FRIENDS OF RAY LAHOOD

Mailing Address 4238 N Knoxville Ave
4238 N Knoxville Ave

City Peoria State IL Zip Code 61614

FEC ID number of contributing federal political committee. **C** C00284901

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2006

Transaction ID: SA11C.6759

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
FRIENDS OF ROY BLUNT

Mailing Address PO Box 50100
PO Box 50100

City Springfield State MO Zip Code 65805

FEC ID number of contributing federal political committee. **C** C00304758

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
535.00

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

Transaction ID: SA11C.6895

Amount of Each Receipt this Period
535.00

In-kind - Roy Blunt Air Fare
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

FEC ID number of contributing federal political committee. **C** C00370783

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: SA11C.6780

Amount of Each Receipt this Period
1000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2535.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 / 125 |
| | <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)
Chris Wakim for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. HENRY E. BROWN JR. FOR CONGRESS | | Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006 |
| Mailing Address P. O. Box 61886 | | Transaction ID: SA11C.5876 |
| City State Zip Code North Charleston SC 29419 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00341529 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. HSBC NORTH AMERICA POLITICAL ACTION COMMITTEE (H-PAC) | | Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 |
| Mailing Address 2700 Sanders Road | | Transaction ID: SA11C.6039 |
| City State Zip Code Prospect Heights IL 60070 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00033423 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. JOE WILSON FOR CONGRESS COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006 |
| Mailing Address Post Office Box 2145 | | Transaction ID: SA11C.6808 |
| City State Zip Code West Columbia SC 29171 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C C00368522 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

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

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 / 125 |
| | <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)
Chris Wakim for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. MCCREY FOR CONGRESS COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006 |
| Mailing Address Post Office Box 52956 333 Texas Street Suite 1900 | | Transaction ID: SA11C.5880 |
| City State Zip Code Shreveport LA 71135 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00220186 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MIRANT CORPORATION PAC INC. | | Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006 |
| Mailing Address 1155 PERIMETER CENTER WEST 2ND FLOOR | | Transaction ID: SA11C.6782 |
| City State Zip Code ATLANTA GA 30338 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00365007 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL FEDERATION OF INDEPENDENT BUSINESS SAVE AMERICA'S FREE ENTERPRISE TRUST | | Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006 |
| Mailing Address 1201 F ST NW SUITE 200 | | Transaction ID: SA11C.6264 |
| City State Zip Code WASHINGTON DC 20004 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C C70002969 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

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

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 / 125 |
| | <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)
Chris Wakim for Congress

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

Mailing Address PO Box 191

City State Zip Code
New Martinsville WV 26155

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: SA11C.6871

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
NEWMONT MINING CORPORATION POLITICAL ACTION COMMITTEE (NEWPAC)

Mailing Address 101 Constitution Avenue N.W.
Suite 800

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00206672

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11C.5888

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
PICKERING FOR CONGRESS

Mailing Address P.O. Box 4297

City State Zip Code
Brandon MS 39047

FEC ID number of contributing federal political committee. **C** C00308577

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2006

Transaction ID: SA11C.6811

Amount of Each Receipt this Period
250.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 / 125 |
| | <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)
Chris Wakim for Congress

A. PRICE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

FEC ID number of contributing federal political committee. **C** C00386755

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 02 / 2006

Transaction ID: SA11C.6014

Amount of Each Receipt this Period
 2000.00

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

B. PRINCIPLES EXALT A NATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1131

City ANDERSON State IN Zip Code 46015

FEC ID number of contributing federal political committee. **C** C00383927

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 22 / 2006

Transaction ID: SA11C.6749

Amount of Each Receipt this Period
 1000.00

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

C. RICH POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1155 21st Street NW Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00387670

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: SA11C.6201

Amount of Each Receipt this Period
 2500.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5500.00 |
| 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 68 / 125 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
SAFEGUARDING AMERICA BY EXPANDING NATIONAL SECURITY PAC (SAXPAC)

Mailing Address PO BOX 40118

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C** C00409649

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: SA11C.6961

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City State Zip Code
Charleston WV 25339

FEC ID number of contributing federal political committee. **C** C00347849

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: SA11C.6266

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
SOLUTIONS AMERICA PAC

Mailing Address 575 EIGHTH AVENUE 24TH FLOOR

City State Zip Code
NEW YORK NY 10018

FEC ID number of contributing federal political committee. **C** C00335448

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: SA11C.6738

Amount of Each Receipt this Period
3000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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 69 / 125 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. TOM FEENEY FOR CONGRESS | | Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006 |
| Mailing Address 1420 Alafaya Trail #103 | | Transaction ID: SA11C.5884 |
| City State Zip Code Oviedo FL 32765 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00368951 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Westmoreland for Congress | | Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2006 |
| Mailing Address PO Box 458 | | Transaction ID: SA11C.6778 |
| City State Zip Code Sharpsburg GA 30277 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00387126 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Westmoreland for Congress | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address PO Box 458 | | Transaction ID: SA11C.6956 |
| City State Zip Code Sharpsburg GA 30277 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00387126 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | |

| | |
|--|---------|
| 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 70 / 125 |
| | (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)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
WEST VIRGINIA FARM PAC

Mailing Address 1 RED ROCK ROAD

City State Zip Code
BUCKHANNON WV 26201

FEC ID number of contributing federal political committee.
C C00380956

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2006

Transaction ID: SA11C.6018

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 46392.60 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 71 / 125 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
Chris Wakim for Congress

| | | | |
|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) CHRIS WAKIM | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 02 / 2006 | |
| Mailing Address ONE HAMILTON AVENUE | | Transaction ID: SA11D.5921 | |
| City State Zip Code WHEELING WV 26003 | | Amount of Each Receipt this Period 38.35 | |
| FEC ID number of contributing federal political committee. C | | In-kind - Gas <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Foundation Corp. Occupation President | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 77938.37 | |

| | | | |
|---|--|--|--|
| B. Full Name (Last, First, Middle Initial) CHRIS WAKIM | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 02 / 2006 | |
| Mailing Address ONE HAMILTON AVENUE | | Transaction ID: SA11D.5923 | |
| City State Zip Code WHEELING WV 26003 | | Amount of Each Receipt this Period 47.41 | |
| FEC ID number of contributing federal political committee. C | | In-kind - Gas <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Foundation Corp. Occupation President | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 77985.78 | |

| | | | |
|---|--|--|--|
| C. Full Name (Last, First, Middle Initial) CHRIS WAKIM | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 03 / 2006 | |
| Mailing Address ONE HAMILTON AVENUE | | Transaction ID: SA11D.5925 | |
| City State Zip Code WHEELING WV 26003 | | Amount of Each Receipt this Period 20.82 | |
| FEC ID number of contributing federal political committee. C | | In-kind - Office Supplies <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Foundation Corp. Occupation President | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 78006.60 | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 106.58 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 / 125 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 78026.30

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 03 / 2006

Transaction ID: SA11D.5927

Amount of Each Receipt this Period
19.70

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

B. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 78061.80

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 03 / 2006

Transaction ID: SA11D.5999

Amount of Each Receipt this Period
35.50

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

C. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 78068.55

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 04 / 2006

Transaction ID: SA11D.5932

Amount of Each Receipt this Period
6.75

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

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 61.95 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 / 125 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 78925.75

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

Transaction ID: SA11D.6001

Amount of Each Receipt this Period
857.20

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

B. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 78940.96

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2006

Transaction ID: SA11D.5935

Amount of Each Receipt this Period
15.21

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

C. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 79033.19

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2006

Transaction ID: SA11D.5937

Amount of Each Receipt this Period
92.23

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 964.64 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 / 125 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 79065.27

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

Transaction ID: SA11D.5939

Amount of Each Receipt this Period
32.08

In-kind - Office supplies

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

B. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 79072.69

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

Transaction ID: SA11D.5942

Amount of Each Receipt this Period
7.42

In-kind - UPS Copies

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

C. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 79135.34

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2006

Transaction ID: SA11D.5944

Amount of Each Receipt this Period
62.65

In-kind - Office supplies

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 102.15 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 / 125 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
Chris Wakim for Congress

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2006 | |
| Mailing Address ONE HAMILTON AVENUE | | Transaction ID: SA11D.5946 | |
| City State Zip Code WHEELING WV 26003 | Amount of Each Receipt this Period 7.21 | | |
| FEC ID number of contributing federal political committee. C | In-kind - UPS Copies <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Foundation Corp. Occupation President | Election Cycle-to-Date ▼ 79142.55 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2006 | |
| Mailing Address ONE HAMILTON AVENUE | | Transaction ID: SA11D.5948 | |
| City State Zip Code WHEELING WV 26003 | Amount of Each Receipt this Period 630.17 | | |
| FEC ID number of contributing federal political committee. C | In-kind - Wakim Gear- T-shirts and Hats <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Foundation Corp. Occupation President | Election Cycle-to-Date ▼ 79772.72 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2006 | |
| Mailing Address ONE HAMILTON AVENUE | | Transaction ID: SA11D.5950 | |
| City State Zip Code WHEELING WV 26003 | Amount of Each Receipt this Period 327.14 | | |
| FEC ID number of contributing federal political committee. C | In-kind - Dinner <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Foundation Corp. Occupation President | Election Cycle-to-Date ▼ 80099.86 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 964.52 |
| 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 76 / 125
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 80139.73

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11D.5952

Amount of Each Receipt this Period
39.87

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

B. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 80404.23

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

Transaction ID: SA11D.5954

Amount of Each Receipt this Period
264.50

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

C. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 80469.32

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

Transaction ID: SA11D.5997

Amount of Each Receipt this Period
65.09

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

SUBTOTAL of Receipts This Page (optional) ► **369.46**

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 77 / 125 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input checked="" type="checkbox"/> 11d |
| | | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 81163.91

Date of Receipt
MM / DD / YYYY
07 / 29 / 2006

Transaction ID: SA11D.6473

Amount of Each Receipt this Period
694.59

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

B. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 81218.46

Date of Receipt
MM / DD / YYYY
08 / 09 / 2006

Transaction ID: SA11D.6460

Amount of Each Receipt this Period
54.55

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

C. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 81261.25

Date of Receipt
MM / DD / YYYY
08 / 10 / 2006

Transaction ID: SA11D.6467

Amount of Each Receipt this Period
42.79

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 791.93 |
| 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 78 / 125
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 81293.38

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

Transaction ID: SA11D.6464

Amount of Each Receipt this Period
32.13

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

B. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 81407.33

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 22 / 2006

Transaction ID: SA11D.6471

Amount of Each Receipt this Period
113.95

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

C. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 81457.88

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 23 / 2006

Transaction ID: SA11D.6469

Amount of Each Receipt this Period
50.55

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

SUBTOTAL of Receipts This Page (optional) ► **196.63**

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

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 / 125 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" 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)
Chris Wakim for Congress

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006 | |
| Mailing Address ONE HAMILTON AVENUE | | Transaction ID: SA11D.6667 | |
| City State Zip Code WHEELING WV 26003 | Amount of Each Receipt this Period 36.04 | | |
| FEC ID number of contributing federal political committee. C | In-kind - Office supplies <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Foundation Corp. Occupation President | Election Cycle-to-Date 81493.92 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006 | |
| Mailing Address ONE HAMILTON AVENUE | | Transaction ID: SA11D.6669 | |
| City State Zip Code WHEELING WV 26003 | Amount of Each Receipt this Period 19.99 | | |
| FEC ID number of contributing federal political committee. C | In-kind - Volunteer Lunch <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Foundation Corp. Occupation President | Election Cycle-to-Date 81513.91 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006 | |
| Mailing Address ONE HAMILTON AVENUE | | Transaction ID: SA11D.6899 | |
| City State Zip Code WHEELING WV 26003 | Amount of Each Receipt this Period 90.00 | | |
| FEC ID number of contributing federal political committee. C | In-kind - campaign meals <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Foundation Corp. Occupation President | Election Cycle-to-Date 81603.91 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 146.03 |
| 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 80 / 125
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

A. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 81722.79

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: SA11D.6882

Amount of Each Receipt this Period
118.88

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

B. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 81833.67

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: SA11D.6884

Amount of Each Receipt this Period
110.88

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

C. Full Name (Last, First, Middle Initial)
CHRIS WAKIM

Mailing Address ONE HAMILTON AVENUE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Foundation Corp. Occupation President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 81866.07

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: SA11D.6886

Amount of Each Receipt this Period
32.40

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

SUBTOTAL of Receipts This Page (optional) ► 262.16

TOTAL This Period (last page this line number only) ► 3966.05

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. Advantage Payroll | | Transaction ID: SB17.6873 | |
| Mailing Address 111 Park View Lane | | Date of Disbursement 07 / 01 / 2006 | |
| City Wheeling | State WV | Zip Code 26003 | Amount of Each Disbursement this Period 1363.60 |
| Purpose of Disbursement Payroll Taxes | | 001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. Advantage Payroll | | Transaction ID: SB17.6874 | |
| Mailing Address 111 Park View Lane | | Date of Disbursement 07 / 01 / 2006 | |
| City Wheeling | State WV | Zip Code 26003 | Amount of Each Disbursement this Period 1364.61 |
| Purpose of Disbursement Payroll Taxes and Fees | | 001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. Advantage Payroll | | Transaction ID: SB17.6877 | |
| Mailing Address 111 Park View Lane | | Date of Disbursement 07 / 15 / 2006 | |
| City Wheeling | State WV | Zip Code 26003 | Amount of Each Disbursement this Period 1102.48 |
| Purpose of Disbursement Payroll Taxes | | 001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3830.69 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Advantage Payroll | | Transaction ID: SB17.6878 Date of Disbursement |
| Mailing Address 111 Park View Lane | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Wheeling | State WV | Zip Code 26003 |
| Purpose of Disbursement Payroll Taxes | <input type="text" value="001"/> Category/ Type | |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <input type="text" value="1248.53"/> |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Advantage Payroll | | Transaction ID: SB17.6879 Date of Disbursement |
| Mailing Address 111 Park View Lane | | <input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2006"/> |
| City Wheeling | State WV | Zip Code 26003 |
| Purpose of Disbursement Payroll Taxes | <input type="text" value="001"/> Category/ Type | |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <input type="text" value="2082.49"/> |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Advantage Payroll | | Transaction ID: SB17.6880 Date of Disbursement |
| Mailing Address 111 Park View Lane | | <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2006"/> |
| City Wheeling | State WV | Zip Code 26003 |
| Purpose of Disbursement Payroll Taxes | <input type="text" value="001"/> Category/ Type | |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <input type="text" value="2085.58"/> |
| State: District: | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="5416.60"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Advantage Payroll | | Transaction ID: SB17.6970 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 |
| Mailing Address 111 Park View Lane | | Amount of Each Disbursement this Period 2083.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Payroll Taxes and Fees Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. A to Z Rentals and Sales | | Transaction ID: SB17.6512 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6 |
| Mailing Address 826 7th Avenue | | Amount of Each Disbursement this Period 4091.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Huntington State WV Zip Code 25701 | Purpose of Disbursement Equipment rental Candidate Name Category/Type: 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bellwether Group | | Transaction ID: SB17.6719 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 |
| Mailing Address 1775 I Street, NW Suite 700 | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20006 | Purpose of Disbursement Fundraising consulting Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7174.57 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|---|
| A. Bellwether Group Full Name (Last, First, Middle Initial) Mailing Address 1775 I Street, NW Suite 700 City Washington State DC Zip Code 20006 Purpose of Disbursement Fundraising consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6179 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|--|--|---|
| B. Bellwether Group Full Name (Last, First, Middle Initial) Mailing Address 1775 I Street, NW Suite 700 City Washington State DC Zip Code 20006 Purpose of Disbursement Fax Blast Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6181 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 46.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

| | | |
|---|--|---|
| C. Bellwether Group Full Name (Last, First, Middle Initial) Mailing Address 1775 I Street, NW Suite 700 City Washington State DC Zip Code 20006 Purpose of Disbursement Fundraising consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6182 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6046.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|---|
| A. Bellwether Group Full Name (Last, First, Middle Initial) Mailing Address 1775 I Street, NW Suite 700 City Washington State DC Zip Code 20006 Purpose of Disbursement Fundraising consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6695 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|--|
| B. Big Events Full Name (Last, First, Middle Initial) Mailing Address 4701 Bath Street Building 46 City Philadelphia State PA Zip Code 19137-2229 Purpose of Disbursement Equipment rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6509 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|--|--|--|
| C. Daniel Byler Full Name (Last, First, Middle Initial) Mailing Address 514 Fulton St. Apt A City Wheeling State WV Zip Code 26004 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6768 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 725.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 16725.76 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|---|
| A. Daniel Byler Full Name (Last, First, Middle Initial) Daniel Byler | | Transaction ID: SB17.6769 Date of Disbursement 07 / 15 / 2006 |
| Mailing Address 514 Fulton St. Apt A | | Amount of Each Disbursement this Period 607.27 |
| City Wheeling State WV Zip Code 26004 | | |
| Purpose of Disbursement Salary Candidate Name | Category/Type 001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| B. Daniel Byler Full Name (Last, First, Middle Initial) Daniel Byler | | Transaction ID: SB17.5977 Date of Disbursement 07 / 31 / 2006 |
| Mailing Address 514 Fulton St. Apt A | | Amount of Each Disbursement this Period 32.69 |
| City Wheeling State WV Zip Code 26004 | | |
| Purpose of Disbursement Travel Expenses Candidate Name | Category/Type 002 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| C. Daniel Byler Full Name (Last, First, Middle Initial) Daniel Byler | | Transaction ID: SB17.6362 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 514 Fulton St. Apt A | | Amount of Each Disbursement this Period 725.77 |
| City Wheeling State WV Zip Code 26004 | | |
| Purpose of Disbursement Salary Candidate Name | Category/Type 001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1365.73 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|---|
| A. Daniel Byler Full Name (Last, First, Middle Initial) Daniel Byler | | Transaction ID: SB17.6355 Date of Disbursement 08 / 15 / 2006 |
| Mailing Address 514 Fulton St. Apt A | | Amount of Each Disbursement this Period 725.76 |
| City Wheeling State WV Zip Code 26004 | Purpose of Disbursement Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| B. Daniel Byler Full Name (Last, First, Middle Initial) Daniel Byler | | Transaction ID: SB17.6697 Date of Disbursement 08 / 30 / 2006 |
| Mailing Address 514 Fulton St. Apt A | | Amount of Each Disbursement this Period 725.76 |
| City Wheeling State WV Zip Code 26004 | Purpose of Disbursement Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| C. Daniel Byler Full Name (Last, First, Middle Initial) Daniel Byler | | Transaction ID: SB17.6698 Date of Disbursement 09 / 15 / 2006 |
| Mailing Address 514 Fulton St. Apt A | | Amount of Each Disbursement this Period 725.76 |
| City Wheeling State WV Zip Code 26004 | Purpose of Disbursement Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2177.28 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Campaign Solutions Inc. | | Transaction ID: SB17.6717 Date of Disbursement MM / DD / YYYY 07 / 11 / 2006 | |
| Mailing Address 118 North Saint Asaph Street | | Amount of Each Disbursement this Period 1000.00 | |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Website Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Campaign Solutions Inc. | | Transaction ID: SB17.6186 Date of Disbursement MM / DD / YYYY 08 / 09 / 2006 | |
| Mailing Address 118 North Saint Asaph Street | | Amount of Each Disbursement this Period 1000.00 | |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Website Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Campaign Solutions Inc. | | Transaction ID: SB17.6553 Date of Disbursement MM / DD / YYYY 09 / 01 / 2006 | |
| Mailing Address 118 North Saint Asaph Street | | Amount of Each Disbursement this Period 206.40 | |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Processing Fee Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 003 | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2206.40 |
| 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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Campaign Solutions Inc. | | Transaction ID: SB17.6554 Date of Disbursement 09 / 01 / 2006 |
| Mailing Address 118 North Saint Asaph Street | | Amount of Each Disbursement this Period 367.50 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Processing Fee Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Campaign Solutions Inc. | | Transaction ID: SB17.6502 Date of Disbursement 09 / 04 / 2006 |
| Mailing Address 118 North Saint Asaph Street | | Amount of Each Disbursement this Period 1000.00 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Website Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Anita Carter | | Transaction ID: SB17.6894 Date of Disbursement 09 / 14 / 2006 |
| Mailing Address 3017 Greystone Drive | | Amount of Each Disbursement this Period 350.00 |
| City Morgantown State WV Zip Code 26508 | Purpose of Disbursement In-kind - Food for House Party Candidate Name Category/Type: | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1717.50 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Comcast | | Transaction ID: SB17.6967 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 |
| Mailing Address 908 National Rd. | | Amount of Each Disbursement this Period 440.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bridgeport State OH Zip Code 43912 | | |
| Purpose of Disbursement Internet Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Comcast | | Transaction ID: SB17.6503 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6 |
| Mailing Address 908 National Rd. | | Amount of Each Disbursement this Period 212.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bridgeport State OH Zip Code 43912 | | |
| Purpose of Disbursement Internet Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Donatelli Avella | | Transaction ID: SB17.6713 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 |
| Mailing Address PO Box 25784 | | Amount of Each Disbursement this Period 6333.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State WV Zip Code 22313 | | |
| Purpose of Disbursement Political consulting Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6986.89 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Donatelli Avella | | Transaction ID: SB17.6714 Date of Disbursement 07 / 11 / 2006 | |
| Mailing Address PO Box 25784 | | Amount of Each Disbursement this Period 3490.00 | |
| City Alexandria State WV Zip Code 22313 | Purpose of Disbursement Brochures Candidate Name | Category/Type 006 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Donatelli Avella | | Transaction ID: SB17.6178 Date of Disbursement 08 / 09 / 2006 | |
| Mailing Address PO Box 25784 | | Amount of Each Disbursement this Period 3306.27 | |
| City Alexandria State WV Zip Code 22313 | Purpose of Disbursement Political consulting/travel Candidate Name | Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Executive Press, Inc | | Transaction ID: SB17.6709 Date of Disbursement 07 / 11 / 2006 | |
| Mailing Address PO Box 2176 | | Amount of Each Disbursement this Period 1797.86 | |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Printing Candidate Name | Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 8594.13 |
| 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)

PAGE 92 / 125

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Executive Press, Inc | | Transaction ID: SB17.6711 Date of Disbursement 07 / 11 / 2006 |
| Mailing Address PO Box 2176 | | Amount of Each Disbursement this Period 2325.36 |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Direct Mail Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Executive Press, Inc | | Transaction ID: SB17.6712 Date of Disbursement 07 / 11 / 2006 |
| Mailing Address PO Box 2176 | | Amount of Each Disbursement this Period 241.39 |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Office Supplies Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Executive Press, Inc | | Transaction ID: SB17.6763 Date of Disbursement 07 / 11 / 2006 |
| Mailing Address PO Box 2176 | | Amount of Each Disbursement this Period 171.52 |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Business Cards Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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| SUBTOTAL of Disbursements This Page (optional) | 2738.27 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Executive Press, Inc | | Transaction ID: SB17.6183 Date of Disbursement MM / DD / YYYY 08 / 09 / 2006 |
| Mailing Address PO Box 2176 | | Amount of Each Disbursement this Period 349.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling | State WV Zip Code 26003 | |
| Purpose of Disbursement Stationery and Envelopes Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF ROY BLUNT | | Transaction ID: SB17.6897 Date of Disbursement MM / DD / YYYY 07 / 05 / 2006 |
| Mailing Address PO Box 50100 PO Box 50100 | | Amount of Each Disbursement this Period 535.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Springfield | State MO Zip Code 65805 | |
| Purpose of Disbursement In-kind - Roy Blunt Air Fare Candidate Name | Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Tyler Gray | | Transaction ID: SB17.6772 Date of Disbursement MM / DD / YYYY 07 / 01 / 2006 |
| Mailing Address 19b Lynwood Ave | | Amount of Each Disbursement this Period 744.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling | State WV Zip Code 26003 | |
| Purpose of Disbursement Salary Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1628.49 |
| 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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Tyler Gray | | Transaction ID: SB17.6773 Date of Disbursement 07 / 15 / 2006 |
| Mailing Address 19b Lynwood Ave | | Amount of Each Disbursement this Period 909.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling | State WV Zip Code 26003 | |
| Purpose of Disbursement Salary Candidate Name | 001 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Tyler Gray | | Transaction ID: SB17.6731 Date of Disbursement 07 / 20 / 2006 |
| Mailing Address 19b Lynwood Ave | | Amount of Each Disbursement this Period 15.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling | State WV Zip Code 26003 | |
| Purpose of Disbursement Gas Candidate Name | 002 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Tyler Gray | | Transaction ID: SB17.5978 Date of Disbursement 07 / 31 / 2006 |
| Mailing Address 19b Lynwood Ave | | Amount of Each Disbursement this Period 233.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling | State WV Zip Code 26003 | |
| Purpose of Disbursement Travel Expenses Candidate Name | 002 Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1158.31 |
| 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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|--|
| A. Tyler Gray Full Name (Last, First, Middle Initial) Mailing Address 19b Lynwood Ave City Wheeling State WV Zip Code 26003 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6363 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 909.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

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| B. Tyler Gray Full Name (Last, First, Middle Initial) Mailing Address 19b Lynwood Ave City Wheeling State WV Zip Code 26003 Purpose of Disbursement Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6375 Date of Disbursement 08 / 14 / 2006 Amount of Each Disbursement this Period 16.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| C. Tyler Gray Full Name (Last, First, Middle Initial) Mailing Address 19b Lynwood Ave City Wheeling State WV Zip Code 26003 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6356 Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 909.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1835.13 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|--|
| A. Tyler Gray Full Name (Last, First, Middle Initial) Mailing Address 19b Lynwood Ave City Wheeling State WV Zip Code 26003 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6699 Date of Disbursement 08 / 30 / 2006 Amount of Each Disbursement this Period 909.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| B. Tyler Gray Full Name (Last, First, Middle Initial) Mailing Address 19b Lynwood Ave City Wheeling State WV Zip Code 26003 Purpose of Disbursement Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6672 Date of Disbursement 09 / 12 / 2006 Amount of Each Disbursement this Period 70.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| C. Tyler Gray Full Name (Last, First, Middle Initial) Mailing Address 19b Lynwood Ave City Wheeling State WV Zip Code 26003 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6700 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 909.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1888.28 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Tyler Gray | | Transaction ID: SB17.6902 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 |
| Mailing Address 19b Lynwood Ave | | Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling | State WV Zip Code 26003 | |
| Purpose of Disbursement In-kind - Phone Bill | Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| Full Name (Last, First, Middle Initial) B. Greener and Hook | | Transaction ID: SB17.6715 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 |
| Mailing Address 3101 Wilson Blvd. | | Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Arlington | State WV Zip Code 22201 | |
| Purpose of Disbursement Media consulting | Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. Greener and Hook | | Transaction ID: SB17.6187 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 |
| Mailing Address 3101 Wilson Blvd. | | Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Arlington | State WV Zip Code 22201 | |
| Purpose of Disbursement Media consulting | Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 6150.00 |
| 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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|---|
| <p>A. Greener and Hook</p> <p>Full Name (Last, First, Middle Initial) Greener and Hook</p> <p>Mailing Address 3101 Wilson Blvd.</p> <p>City Arlington State WV Zip Code 22201</p> <p>Purpose of Disbursement Media production expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.6378</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="21"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
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| <p>B. Greener and Hook</p> <p>Full Name (Last, First, Middle Initial) Greener and Hook</p> <p>Mailing Address 3101 Wilson Blvd.</p> <p>City Arlington State WV Zip Code 22201</p> <p>Purpose of Disbursement Media consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.6696</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="12"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
|--|--|--|

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|---|--|--|
| <p>C. Thomas Hamm</p> <p>Full Name (Last, First, Middle Initial) Thomas Hamm</p> <p>Mailing Address 885 Poplar Rd</p> <p>City Charleston State WV Zip Code 25302</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: SB17.6357</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1924.79"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="25924.79"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Thomas Hamm | | Transaction ID: SB17.6687 Date of Disbursement 08 / 30 / 2006 |
| Mailing Address 885 Poplar Rd | | Amount of Each Disbursement this Period 138.35 |
| City Charleston State WV Zip Code 25302 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Travel expenses | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Thomas Hamm | | Transaction ID: SB17.6703 Date of Disbursement 08 / 30 / 2006 |
| Mailing Address 885 Poplar Rd | | Amount of Each Disbursement this Period 1924.79 |
| City Charleston State WV Zip Code 25302 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Salary | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Thomas Hamm | | Transaction ID: SB17.6704 Date of Disbursement 09 / 15 / 2006 |
| Mailing Address 885 Poplar Rd | | Amount of Each Disbursement this Period 1924.79 |
| City Charleston State WV Zip Code 25302 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Salary | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3987.93 |
| 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 100 / 125

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|---|
| <p>A. Thomas Hamm</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 885 Poplar Rd</p> <p>City Charleston State WV Zip Code 25302</p> <p>Purpose of Disbursement In-kind - Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB17.6951</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="192.07"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p> | | |

| | | |
|--|--|--|
| <p>B. William Holley</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 19b Lynwood Ave</p> <p>City Wheeling State WV Zip Code 26003</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB17.6774</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1039.78"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p> | | |

| | | |
|--|--|---|
| <p>C. William Holley</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 19b Lynwood Ave</p> <p>City Wheeling State WV Zip Code 26003</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB17.6775</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="858.02"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p> | | |

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|---|---|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="2089.87"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. William Holley | | Transaction ID: SB17.6732 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6 |
| Mailing Address 19b Lynwood Ave | | Amount of Each Disbursement this Period 2062.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Travel expense Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. William Holley | | Transaction ID: SB17.6364 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 |
| Mailing Address 19b Lynwood Ave | | Amount of Each Disbursement this Period 1039.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Salary Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. William Holley | | Transaction ID: SB17.6374 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6 |
| Mailing Address 19b Lynwood Ave | | Amount of Each Disbursement this Period 281.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Travel expenses Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3383.17 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 102 / 125

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|---|
| A. William Holley Full Name (Last, First, Middle Initial) Mailing Address 19b Lynwood Ave City Wheeling State WV Zip Code 26003 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6359 Date of Disbursement 08 / 15 / 2006 Amount of Each Disbursement this Period 1039.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

| | | |
|---|--|--|
| B. William Holley Full Name (Last, First, Middle Initial) Mailing Address 19b Lynwood Ave City Wheeling State WV Zip Code 26003 Purpose of Disbursement Travel expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6688 Date of Disbursement 08 / 30 / 2006 Amount of Each Disbursement this Period 193.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|--|--|---|
| C. William Holley Full Name (Last, First, Middle Initial) Mailing Address 19b Lynwood Ave City Wheeling State WV Zip Code 26003 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6701 Date of Disbursement 08 / 30 / 2006 Amount of Each Disbursement this Period 1039.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2272.93 |
| 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 103 / 125

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. William Holley | | Transaction ID: SB17.6702 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 |
| Mailing Address 19b Lynwood Ave | | Amount of Each Disbursement this Period 1039.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wheeling State WV Zip Code 26003 | Category/ Type 001 | |
| Purpose of Disbursement Salary Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Huckaby Davis Lisker | | Transaction ID: SB17.6969 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 |
| Mailing Address 228 South Washington Street | | Amount of Each Disbursement this Period 1447.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314 | Category/ Type 001 | |
| Purpose of Disbursement Accounting services Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. L&K Marketing | | Transaction ID: SB17.6718 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 |
| Mailing Address PO Box 4379 | | Amount of Each Disbursement this Period 1079.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Star City State WV Zip Code 26504 | Category/ Type 006 | |
| Purpose of Disbursement Bumper Stickers Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3566.31 |
| 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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|---|
| <p>A. L&K Marketing</p> <p>Full Name (Last, First, Middle Initial) L&K Marketing</p> <p>Mailing Address PO Box 4379</p> <p>City Star City State WV Zip Code 26504</p> <p>Purpose of Disbursement Banners Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB17.6504</p> <p>Date of Disbursement 09 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 283.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type 001</p> |

| | | |
|--|--|--|
| <p>B. L&K Marketing</p> <p>Full Name (Last, First, Middle Initial) L&K Marketing</p> <p>Mailing Address PO Box 4379</p> <p>City Star City State WV Zip Code 26504</p> <p>Purpose of Disbursement Campaign Materials Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB17.6505</p> <p>Date of Disbursement 09 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 1067.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type 001</p> |

| | | |
|---|--|--|
| <p>C. Senator Sarah Minear</p> <p>Full Name (Last, First, Middle Initial) Senator Sarah Minear</p> <p>Mailing Address 3952 Eastlake Dr.</p> <p>City Morgantown State WV Zip Code 26508</p> <p>Purpose of Disbursement In-kind - Food for House Party Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB17.6889</p> <p>Date of Disbursement 09 / 14 / 2006</p> <p>Amount of Each Disbursement this Period 1036.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>2387.71</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|--|
| A. Postmaster General Full Name (Last, First, Middle Initial) Mailing Address 475 L'Enfant Plaza City Washington State DC Zip Code 20260 Purpose of Disbursement Stamps Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6689 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

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|--|--|---|
| B. Reflections Photography Full Name (Last, First, Middle Initial) Mailing Address 631 Pennsylvania Ave., SE City Washington State DC Zip Code 20003 Purpose of Disbursement Photography expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6369 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 1043.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

| | | |
|---|--|--|
| C. REPUBLICAN NATIONAL COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address 310 FIRST STREET SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6193 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 16238.75 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|--|
| A. Don Stemple Full Name (Last, First, Middle Initial) Mailing Address RR 2 Box 62 City Philippi State WV Zip Code 26416 Purpose of Disbursement In-kind - Food for House Party Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6891 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|--|--|--|
| B. Suburban Catering Full Name (Last, First, Middle Initial) Mailing Address 300 Beechurst Ave City Morgantown State WV Zip Code 26505 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6965 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 374.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|---|--|---|
| C. The Tarrance Group Full Name (Last, First, Middle Initial) Mailing Address 201 North Union Street Suite 410 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Polling Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.6192 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 5871.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6595.24 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 125

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. The Tarrance Group | | Transaction ID: SB17.6377 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6 |
| Mailing Address 201 North Union Street Suite 410 | | Amount of Each Disbursement this Period 6782.00 |
| City Alexandria State VA Zip Code 22314 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Polling | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. U.S. Postmaster | | Transaction ID: SB17.6716 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 |
| Mailing Address 1125 Chapline Street | | Amount of Each Disbursement this Period 78.00 |
| City Wheeling State WV Zip Code 26003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Stamps | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. U.S. Postmaster | | Transaction ID: SB17.6723 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6 |
| Mailing Address 1125 Chapline Street | | Amount of Each Disbursement this Period 156.00 |
| City Wheeling State WV Zip Code 26003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Stamps | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7016.00 |
| 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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Upper Ohio Italian Festival | | Transaction ID: SB17.6764 Date of Disbursement 07 / 09 / 2006 |
| Mailing Address PO Box 369 | | Amount of Each Disbursement this Period 275.00 |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Booth Rental Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Verizon | | Transaction ID: SB17.6679 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address 3011 Hungary Spring Rd. 4th FL | | Amount of Each Disbursement this Period 824.00 |
| City Richmond State VA Zip Code 23228 | Purpose of Disbursement Phone Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Transaction ID: SB17.5922 Date of Disbursement 07 / 02 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 38.35 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Gas Candidate Name | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) | 1137.35 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Transaction ID: SB17.5924 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 47.41 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Gas Candidate Name | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Transaction ID: SB17.5926 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 20.82 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Office Supplies Candidate Name | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Transaction ID: SB17.5928 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 19.70 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Gas Candidate Name | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 87.93 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Transaction ID: SB17.6000 Date of Disbursement 07 / 03 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 35.50 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Office supplies Candidate Name 001 Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Transaction ID: SB17.5933 Date of Disbursement 07 / 04 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 6.75 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Signs Candidate Name 006 Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Transaction ID: SB17.6002 Date of Disbursement 07 / 12 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 857.20 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Airfare Candidate Name 002 Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

899.45

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Transaction ID: SB17.5936 Date of Disbursement 07 / 13 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 15.21 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - UPS delivery fee Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Transaction ID: SB17.5938 Date of Disbursement 07 / 16 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 92.23 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Tent Candidate Name Category/Type 006 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Transaction ID: SB17.5940 Date of Disbursement 07 / 17 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 32.08 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Office supplies Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 139.52 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Transaction ID: SB17.5943 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 7.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | | |
| Purpose of Disbursement In-kind - UPS Copies Candidate Name | 001 Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Transaction ID: SB17.5945 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 62.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | | |
| Purpose of Disbursement In-kind - Office supplies Candidate Name | 001 Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Transaction ID: SB17.5947 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 7.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | | |
| Purpose of Disbursement In-kind - UPS Copies Candidate Name | 001 Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 77.28 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Transaction ID: SB17.5949 Date of Disbursement 07 / 20 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 630.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Wakim Gear- T-shirts and Hats Candidate Name | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type: 006 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Transaction ID: SB17.5951 Date of Disbursement 07 / 23 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 327.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Dinner Candidate Name | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type: 002 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Transaction ID: SB17.5953 Date of Disbursement 07 / 24 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 39.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Post Office Supplies Candidate Name | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type: 001 | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 997.18 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 114 / 125

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Transaction ID: SB17.5955 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 264.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Hotel Room Candidate Name Category/Type 002 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Transaction ID: SB17.5998 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 65.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Office supplies Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Transaction ID: SB17.6474 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 6 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 694.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Hotel Candidate Name Category/Type 002 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1024.18 |
| 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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Transaction ID: SB17.6461 Date of Disbursement 08 / 09 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 54.55 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Office supplies Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Transaction ID: SB17.6468 Date of Disbursement 08 / 10 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 42.79 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Office supplies Candidate Name Category/Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Transaction ID: SB17.6465 Date of Disbursement 08 / 15 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 32.13 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Name Tags Candidate Name Category/Type 003 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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| SUBTOTAL of Disbursements This Page (optional) | 129.47 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Transaction ID: SB17.6472 Date of Disbursement 08 / 22 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 113.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Shirts Candidate Name Category/Type 006 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Transaction ID: SB17.6470 Date of Disbursement 08 / 23 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 50.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Dinner Candidate Name Category/Type 002 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Transaction ID: SB17.6668 Date of Disbursement 09 / 05 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 36.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Office supplies Candidate Name Category/Type 007 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 200.54 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Transaction ID: SB17.6670 Date of Disbursement 09 / 06 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 19.99 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Volunteer Lunch Candidate Name Category/Type 002 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Transaction ID: SB17.6900 Date of Disbursement 09 / 26 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 90.00 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - campaign meals Candidate Name Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. CHRIS WAKIM | | Transaction ID: SB17.6883 Date of Disbursement 09 / 30 / 2006 |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 118.88 |
| City WHEELING State WV Zip Code 26003 | Purpose of Disbursement In-kind - Hotel Candidate Name Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

228.87

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. CHRIS WAKIM | | Transaction ID: SB17.6885 Date of Disbursement 09 / 30 / 2006 | |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 110.88 | |
| City WHEELING | State WV | Zip Code 26003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement In-kind - Hotel | Category/Type | | |
| Candidate Name | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: WV | District: 01 | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. CHRIS WAKIM | | Transaction ID: SB17.6887 Date of Disbursement 09 / 30 / 2006 | |
| Mailing Address ONE HAMILTON AVENUE | | Amount of Each Disbursement this Period 32.40 | |
| City WHEELING | State WV | Zip Code 26003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement In-kind - Breakfast | Category/Type | | |
| Candidate Name | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: WV | District: 01 | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) C. J. Laura Wakim | | Transaction ID: SB17.6766 Date of Disbursement 07 / 01 / 2006 | |
| Mailing Address 1 Hamilton Ave | | Amount of Each Disbursement this Period 1333.25 | |
| City Wheeling | State WV | Zip Code 26003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement Salary | Category/Type 001 | | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: | District: | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1476.53 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|--|--|---|--|
| A. Full Name (Last, First, Middle Initial) J. Laura Wakim | | Transaction ID: SB17.6767 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6 | |
| Mailing Address 1 Hamilton Ave | | Amount of Each Disbursement this Period 646.80 | |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Salary Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

| | | | |
|--|--|---|--|
| B. Full Name (Last, First, Middle Initial) J. Laura Wakim | | Transaction ID: SB17.6349 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 | |
| Mailing Address 1 Hamilton Ave | | Amount of Each Disbursement this Period 41.68 | |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Office supplies Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

| | | | |
|--|--|---|--|
| C. Full Name (Last, First, Middle Initial) J. Laura Wakim | | Transaction ID: SB17.6365 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 | |
| Mailing Address 1 Hamilton Ave | | Amount of Each Disbursement this Period 646.80 | |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Salary Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

SUBTOTAL of Disbursements This Page (optional)

1335.28

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 120 / 125

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|--|--|---|--|
| A. Full Name (Last, First, Middle Initial) J. Laura Wakim | | Transaction ID: SB17.6376 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6 | |
| Mailing Address 1 Hamilton Ave | | Amount of Each Disbursement this Period 72.70 | |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Travel expenses | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 001 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| B. Full Name (Last, First, Middle Initial) J. Laura Wakim | | Transaction ID: SB17.6361 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 | |
| Mailing Address 1 Hamilton Ave | | Amount of Each Disbursement this Period 646.80 | |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Salary | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 001 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| C. Full Name (Last, First, Middle Initial) J. Laura Wakim | | Transaction ID: SB17.6685 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 | |
| Mailing Address 1 Hamilton Ave | | Amount of Each Disbursement this Period 106.05 | |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Travel expenses | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 001 | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

SUBTOTAL of Disbursements This Page (optional) ▶

825.55

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 121 / 125

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

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NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | | | |
|--|--|---|--|
| A. Full Name (Last, First, Middle Initial) J. Laura Wakim | | Transaction ID: SB17.6705 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 | |
| Mailing Address 1 Hamilton Ave | | Amount of Each Disbursement this Period 646.80 | |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Salary Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | |

| | | | |
|--|--|---|--|
| B. Full Name (Last, First, Middle Initial) J. Laura Wakim | | Transaction ID: SB17.6706 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 | |
| Mailing Address 1 Hamilton Ave | | Amount of Each Disbursement this Period 646.80 | |
| City Wheeling State WV Zip Code 26003 | Purpose of Disbursement Salary Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | | | |

SUBTOTAL of Disbursements This Page (optional) ►

1293.60

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

160955.46

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 122 / 125 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

Transaction ID: SC/10.4111

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) CHRIS WAKIM, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address ONE HAMILTON AVENUE | |
| City WHEELING State WV ZIP Code 26003 | |
| Original Amount of Loan 50000.00 | Cumulative Payment To Date 0.00 |
| Balance Outstanding at Close of This Period 50000.00 | |

TERMS

| | | | |
|--|------------------------|------------------------------|---|
| Date Incurred M M 1 2 D D 2 9 Y Y Y Y 2 0 0 5 | Date Due 12/31/2006 | Interest Rate 0.0 % (apr) | Secured: <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) | 50000.00 |
| 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 123 / 125 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

Transaction ID: SC/10.4581

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) CHRIS WAKIM, - Personal funds | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address ONE HAMILTON AVENUE | |
| City WHEELING State WV ZIP Code 26003 | |
| Original Amount of Loan 20000.00 | Cumulative Payment To Date 0.00 |
| Balance Outstanding at Close of This Period 20000.00 | |

TERMS

| | | | |
|---|----------------------|----------------------------|---|
| Date Incurred M M 03 D D 31 Y Y Y Y 2006 | Date Due 12/31/06 | Interest Rate 0 % (apr) | Secured: <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) | ▶ | 20000.00 |
| TOTALS This Period (last page in this line only) | ▶ | 70000.00 |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 124 / 125 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Chris Wakim for Congress

| | |
|--|---------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast | Nature of Debt (Purpose): Internet |
| Mailing Address 908 National Rd. | |
| City State ZIP Code Bridgeport OH 43912 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="440.00"/> | Transaction ID: SD10.5675 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="440.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker | Nature of Debt (Purpose): Consulting |
| Mailing Address 228 South Washington Street | |
| City State ZIP Code Alexandria VA 22314 | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1447.53"/> | Transaction ID: SD10.5688 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="1447.53"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|---------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Suburban Catering | Nature of Debt (Purpose): Catering |
| Mailing Address 300 Beechurst Ave | |
| City State ZIP Code Morgantown WV 26505 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="374.24"/> | Transaction ID: SD10.5671 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="374.24"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|-----------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text" value="0.00"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

Image# 2694042286

Form/Schedule: **SA11A1** Note: \$ 150 refunded 10/14/06

Transaction ID: **SA11A1.6538**

Form/Schedule: **SC/10** Received from candidate's personal funds.

Transaction ID: **SC/10.4111**
