

# 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

Ron Lewis for Congress

ADDRESS (number and street) **PO Box 307**

Check if different than previously reported. (ACC) **Elizabethtown KY 42702**

2. **FEC IDENTIFICATION NUMBER** **C00304527** **CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

**KY 02**

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** **01 01 2006** through **03 31 2006**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Judy Logsdon

Signature of Treasurer Electronically Filed by Judy Logsdon Date **04 13 2006**

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

Office Use Only										<b>FEC FORM 3</b> (Revised 02/2003)
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Ron Lewis for Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	156141.00	656332.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	156141.00	656332.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	41332.06	264160.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3192.21
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	41332.06	260968.54
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	753178.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**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  
 Ron Lewis for Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

42800.00

161556.99

(ii) Unitemized.....

11041.00

68696.02

(iii) TOTAL of contributions

53841.00

230253.01

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

102300.00

426078.99

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

156141.00

656332.00

(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

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

3192.21

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

3187.99

11703.06

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

159328.99

671227.27

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	41332.06	264160.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	3000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	41332.06	267160.75

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	635181.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	159328.99
25. SUBTOTAL (add Line 23 and Line 24).....	794510.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41332.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	753178.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 5 / 81</span>
	(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

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)  
Ron Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
21st Century PAC

Mailing Address 2052 Lake Audobon Court

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00315747

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** 60411.C16058

Amount of Each Receipt this Period  
5000.00

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

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

Mailing Address C/O Don Evans  
1201 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** 60411.C16070

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address C/O Don Evans  
1201 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

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

**Transaction ID:** 60411.C16071

Amount of Each Receipt this Period  
1000.00

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

**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 6 / 81
	(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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Aircraft Owners &amp; Pilots Association</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2006
Mailing Address C/O Andrew Cebula 421 Aviation Way		<b>Transaction ID:</b> 60411.C16377
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. <b>C</b> C00131185		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Altria</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 18 / 2006
Mailing Address C/O Greg Scott 101 Constitution Avenue, NW		<b>Transaction ID:</b> 60411.C16316
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C</b> C00089136		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. American Assn. of Nurse Anesthetists</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2006
Mailing Address C/O Frank Purcell The Capitol Hill Office Building		<b>Transaction ID:</b> 60411.C16312
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. <b>C</b> C00173153		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Receipt <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 ▼ 8000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 81
	<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)  
Ron Lewis for Congress

**A.** American Bankers Association PAC

Full Name (Last, First, Middle Initial)  
Mailing Address C/O Larry Seyfried  
1120 Connecticut Avenue, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

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  
0 1 / 1 3 / 2 0 0 6

**Transaction ID:** 60411.C16049

Amount of Each Receipt this Period  
1000.00

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

**B.** American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)  
Mailing Address C/O Andrew Dentamaro  
1701 Clarendon Boulevard

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00102764

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  
0 3 / 0 8 / 2 0 0 6

**Transaction ID:** 60411.C16311

Amount of Each Receipt this Period  
1000.00

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

**C.** American Dental Association PAC

Full Name (Last, First, Middle Initial)  
Mailing Address C/O Mike Graham  
1111 14th Street

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

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  
0 3 / 0 6 / 2 0 0 6

**Transaction ID:** 60411.C16307

Amount of Each Receipt this Period  
1000.00

Receipt  
 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 8 / 81
	<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)  
Ron Lewis for Congress

**A.** American Hospital Association PAC

Full Name (Last, First, Middle Initial)  
Mailing Address C/O Mark Seklecki  
325 7th Street, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2006

**Transaction ID:** 60411.C16309

Amount of Each Receipt this Period  
1000.00

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

**B.** American Hospital Association PAC

Full Name (Last, First, Middle Initial)  
Mailing Address C/O Mark Seklecki  
325 7th Street, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 60411.C16310

Amount of Each Receipt this Period  
4000.00

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

**C.** American Optometric Association

Full Name (Last, First, Middle Initial)  
Mailing Address C/O Jon Hymes  
1505 Prince Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2006

**Transaction ID:** 60411.C16320

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

**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 / 81
	<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)  
Ron Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Physical Therapy PAC

Mailing Address C/O Justin Moore  
1111 North Fairfax Street

City State Zip Code  
Alexandria VA 22314-1488

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** 60411.C16330

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Physical Therapy PAC

Mailing Address C/O Justin Moore  
1111 North Fairfax Street

City State Zip Code  
Alexandria VA 22314-1488

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2006

**Transaction ID:** 60411.C16331

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Podiatric Medical Association

Mailing Address C/O Faye Frankfort  
9312 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

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  
03 / 13 / 2006

**Transaction ID:** 60411.C16308

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 81
	<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)  
Ron Lewis for Congress

**A.** American Psychiatric Association PAC

Full Name (Last, First, Middle Initial)  
Mailing Address C/O Jason Pray  
1000 Wilson Boulevard

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** 60411.C16313

Amount of Each Receipt this Period  
2000.00

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

**B.** American Psychiatric Association PAC

Full Name (Last, First, Middle Initial)  
Mailing Address C/O Jason Pray  
1000 Wilson Boulevard

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

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

**Transaction ID:** 60411.C16314

Amount of Each Receipt this Period  
2000.00

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

**C.** Arent Fox PLLC PAC

Full Name (Last, First, Middle Initial)  
Mailing Address C/O PAC Director  
1050 Connecticut Avenue, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00241380

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  
0 3 / 2 8 / 2 0 0 6

**Transaction ID:** 60411.C16388

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 81
	<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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. ASCAP Legislative fund for the Arts</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address C/O Harriet Melvin 1 Lincoln Plaza		<b>Transaction ID:</b> 60411.C16053	
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00228296		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Associated General Contractors PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address C/O Elisa Brewer 53 D Street, SE		<b>Transaction ID:</b> 60411.C16090	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00082917		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Associated General Contractors PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6	
Mailing Address C/O Elisa Brewer 53 D Street, SE		<b>Transaction ID:</b> 60411.C16386	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00082917		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 3000.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 81
	<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)  
Ron Lewis for Congress

**A.** Asworth Corporation

Full Name (Last, First, Middle Initial)  
Mailing Address C/O Edwin Roberson  
PO Box 217

City State Zip Code  
Memphis TN 38101-0217

FEC ID number of contributing federal political committee. **C** C00317883

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  
03 / 23 / 2006

**Transaction ID:** 60411.C16389

Amount of Each Receipt this Period  
1000.00

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

**B.** BAE Systems

Full Name (Last, First, Middle Initial)  
Mailing Address C/O PAC Director  
1300 North 17th Street

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00281212

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  
03 / 28 / 2006

**Transaction ID:** 60411.C16376

Amount of Each Receipt this Period  
1000.00

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

**C.** Bill Thomas Campaign Committee

Full Name (Last, First, Middle Initial)  
Mailing Address C/O Chairman Bill Thomas  
PO Box 395

City State Zip Code  
Bakersfield CA 93302

FEC ID number of contributing federal political committee. **C** C00100537

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  
03 / 30 / 2006

**Transaction ID:** 60411.C16379

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 81  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Blue Cross & Blue Shield

Mailing Address C/O Phil Hays  
1310 G Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2006

**Transaction ID:** 60411.C16355

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Blue Cross & Blue Shield

Mailing Address C/O Phil Hays  
1310 G Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2006

**Transaction ID:** 60411.C16356

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Building Owners & Managers Assoc.

Mailing Address C/O Jason Todd  
1201 New York Avenue, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00106435

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  
 03 / 28 / 2006

**Transaction ID:** 60411.C16387

Amount of Each Receipt this Period  
 1000.00

Receipt  
 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 14 / 81
	<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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Caremark PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address C/O Wendy Parker 1300 I Street, NW		Transaction ID: 60411.C16357	
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00384818		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 3000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Chemical Producers &amp; Distributors Assoc</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2006	
Mailing Address C/O Warren Stickle 1430 Duke Street		Transaction ID: 60411.C16085	
City Alexandria State VA Zip Code 22314	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00214809		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 2000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Cook Group PAC</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2006	
Mailing Address C/O Government Affairs Director 901 New York Avenue, NW		Transaction ID: 60411.C16062	
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00399089		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 81
	<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)  
Ron Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Credit Union Legislative Action Council

Mailing Address C/O Leon Peace  
601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: 60411.C16089

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
CSX Good Government Fund

Mailing Address C/O Stephen Flippin  
1331 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

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  
0 3 / 2 8 / 2 0 0 6

Transaction ID: 60411.C16380

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dickstein, Shapiro & Morin PAC

Mailing Address C/O Stacey Mervin  
2101 L Street, NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00110197

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 0 6

Transaction ID: 60411.C16375

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 25 East Main Street  
Suite 200

City Richmond State VA Zip Code 23219

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2006

**Transaction ID:** 60411.C16048

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Federation of American Hospitals

Mailing Address C/O Jayne Hart Chambers  
801 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004-2604

FEC ID number of contributing federal political committee. **C** C00002261

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2006

**Transaction ID:** 60411.C16360

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
General Electric Company PAC

Mailing Address C/O Skip Ringo  
1299 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004-2407

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2006

**Transaction ID:** 60411.C16318

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **9000.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 81
	<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)  
Ron Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Hal (Help Americas Leaders) PAC

Mailing Address C/O Clay Parker Davis  
1155 21st Street, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00376038

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2006

**Transaction ID:** 60411.C16321

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Hal Rogers for Congress Committee

Mailing Address PO Box 1214

City Somerset State KY Zip Code 42502

FEC ID number of contributing federal political committee. **C** C00116632

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  
03 / 29 / 2006

**Transaction ID:** 60413.C16434

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address C/O Paul Zurawski  
101 Constitution Avenue, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

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  
02 / 14 / 2006

**Transaction ID:** 60411.C16079

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address C/O Ed Kaletta  
1776 I Street, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** 60411.C16337

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address C/O Ed Kaletta  
1776 I Street, NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2006

**Transaction ID:** 60411.C16338

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jim Beam Brands PAC

Mailing Address C/O Matt Stanton  
1301 K Street, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00194126

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  
01 / 12 / 2006

**Transaction ID:** 60411.C16057

Amount of Each Receipt this Period  
2500.00

Receipt  
 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 19 / 81
	(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)  
Ron Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
KY Motorcycle Freedom Fund

Mailing Address C/O Malcolm Winsper  
5613 Southland Boulevard

City State Zip Code  
Louisville KY 40214

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

Name of Employer NA Occupation NA

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2006

Transaction ID: 60411.C16342

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lorillard/Loews PAC

Mailing Address C/O Steve Watson  
1275 Pennsylvania Avenue, NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2006

Transaction ID: 60411.C16359

Amount of Each Receipt this Period  
5000.00

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

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

Mailing Address C/O David Pearce  
401 9th Street, NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 01 / 2006

Transaction ID: 60411.C16317

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7300.00**

**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 / 81
	<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)  
Ron Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Automobile Dealers Association

Mailing Address C/O Jennifer Thomas  
412 1st Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2006

Transaction ID: 60411.C16336

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Federation of Independent Busin

Mailing Address C/O Alix Crockett  
1201 F Street, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

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  
03 / 23 / 2006

Transaction ID: 60411.C16362

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Owner Operator Ind. Drivers Assoc.

Mailing Address C/O Mike Joyce  
122 C Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2006

Transaction ID: 60411.C16358

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 81
	<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)  
Ron Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Pinkerton Tobacco PAC (PTC-PAC)

Mailing Address C/O Gerard Roerty  
7300 Beaufont Springs Drive

City Richmond State VA Zip Code 23225

FEC ID number of contributing federal political committee. **C** C00215053

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 01 / 2006

**Transaction ID:** 60411.C16315

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address C/O Michael OBrien  
1301 K Street NW

City Washington State DC Zip Code 20005-3333

FEC ID number of contributing federal political committee. **C** C00107235

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  
03 / 15 / 2006

**Transaction ID:** 60411.C16323

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address C/O Bryan Pickel  
1140 Connecticut Avenue, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2006

**Transaction ID:** 60411.C16361

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 81
	<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)  
Ron Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Raytheon Company PAC

Mailing Address C/O Judy Pauletich  
1100 Wilson Boulevard

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

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  
03 / 28 / 2006

**Transaction ID:** 60411.C16378

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
RJ Reynolds PAC

Mailing Address C/O Bert Gomez  
1201 F Street, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00042002

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 Y  
02 / 17 / 2006

**Transaction ID:** 60411.C16088

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
RJ Reynolds PAC

Mailing Address C/O Bert Gomez  
1201 F Street, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2006

**Transaction ID:** 60411.C16392

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 81
	<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)  
Ron Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Securities Industry Association/SIA-PAC

Mailing Address C/O Jon Traub  
1425 K Street, NW

City Washington State DC Zip Code 20005-3500

FEC ID number of contributing federal political committee. **C** C00067504

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2006

**Transaction ID:** 60411.C16391

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Speak up for Rural Electrification

Mailing Address C/O  
PO Box 32170

City Louisville State KY Zip Code 40232

FEC ID number of contributing federal political committee. **C** C00007849

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  
01 / 13 / 2006

**Transaction ID:** 60411.C16052

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
TECO Energy PAC (Tampa Electric Company)

Mailing Address C/O Janet Sena  
1301 Pennsylvania Avenue

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00161422

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2006

**Transaction ID:** 60411.C16383

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 81
	<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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> UST Public Affairs Incorporated		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address C/O John Versaggi 655 15th Street, NW		<b>Transaction ID:</b> 60411.C16393	
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00104851		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 5000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B.</b> UST Public Affairs Incorporated		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address C/O John Versaggi 655 15th Street, NW		<b>Transaction ID:</b> 60411.C16394	
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00104851		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 6500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C.</b> Venable (Ven-PAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address C/O Ashley Craig 575 7th Street, NW		<b>Transaction ID:</b> 60411.C16390	
City Washington State DC Zip Code 20004-1601	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00369660		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	102300.00



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 9885 Melba Lane

City Whitesville State KY Zip Code 42378

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

Name of Employer Hunter Douglas Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 17 / 2006

Transaction ID: 60411.C16277

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 9885 Melba Lane

City Whitesville State KY Zip Code 42378

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

Name of Employer Hunter Douglas Occupation CEO

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  
03 / 18 / 2006

Transaction ID: 60411.C16278

Amount of Each Receipt this Period  
400.00

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

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

Mailing Address 26 Sycamore Street

City Owensboro State KY Zip Code 42301

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2006

Transaction ID: 60411.C16274

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 2285 Fox Run Road

City State Zip Code  
Shelbyville KY 40065-9008

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: 60411.C16091

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1500 Yorkshire Drive

City State Zip Code  
Elizabethtown KY 42701

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2006

Transaction ID: 60411.C16260

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1100 15th Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer PHRMA Occupation Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2006

Transaction ID: 60411.C16319

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 602 Lone Oak Drive

City State Zip Code  
Cecilia KY 42724

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

Name of Employer  
Self-Employed

Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2006

Transaction ID: 60411.C16087

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address PO Box 133

City State Zip Code  
Scottsville KY 42164

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

Name of Employer  
None

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: 60411.C16112

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 1738 Dana Street

City State Zip Code  
Crofton MD 21114

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

Name of Employer  
Cansler, Venosdel & Associates

Occupation  
Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2006

Transaction ID: 60411.C16373

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 220 North Dixie Boulevard

City State Zip Code  
Radcliff KY 40160

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) ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2006

Transaction ID: 60411.C16244

Amount of Each Receipt this Period  
150.00

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

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

Mailing Address 713 Magnolia Street

City State Zip Code  
Bowling Green KY 42103-1615

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

Name of Employer None Occupation Retired

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

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: 60411.C16107

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 801 Freeman Lake Road

City State Zip Code  
Elizabethtown KY 42701

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

Name of Employer Self-Employed Occupation Attorney

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

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2006

Transaction ID: 60411.C16081

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 788 Ranch Road

City State Zip Code  
Vine Grove KY 40175

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60411.C16126

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 340 Valley Lane  
PO Box 826

City State Zip Code  
Lebanon KY 40033

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: 60411.C16104

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 204 Loganberry Court

City State Zip Code  
Louisville KY 40207

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

Name of Employer Kindred Healthcare Occupation President & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2006

Transaction ID: 60411.C16047

Amount of Each Receipt this Period  
2100.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 985 Matlock Road

City State Zip Code  
Bowling Green KY 42104

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) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2006

Transaction ID: 60411.C16201

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address P.O. Box 331

City State Zip Code  
Inez KY 41224

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

Name of Employer Inez Deposit Bank Occupation  
Banker

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

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2006

Transaction ID: 60411.C16077

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 204 Albion Way

City State Zip Code  
Campbellsville KY 42718

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

Name of Employer None Occupation  
Retired

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

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2006

Transaction ID: 60411.C16138

Amount of Each Receipt this Period  
100.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 2310 Woods Store Etoile Road

City Glasgow State KY Zip Code 42141

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2006 Election Cycle-to-Date

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2006

Transaction ID: 60411.C16114

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1827 Prelude Drive

City Vienna State VA Zip Code 22182

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

Name of Employer Martin, Fisher & Associates Occupation Partner

Receipt For: 2006 Election Cycle-to-Date

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2006

Transaction ID: 60411.C16365

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 914 North Dixie Highway

City Elizabethtown State KY Zip Code 42701

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) ▼

1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: 60411.C16161

Amount of Each Receipt this Period  
500.00

Receipt  
 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 32 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 203 Uncle Johns Lane

City State Zip Code  
Glasgow KY 42141

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

Name of Employer Goodman Automotive Group Occupation Automobile Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2006

Transaction ID: 60411.C16122

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 2326 California Street, NW

City State Zip Code  
Washington DC 20008

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

Name of Employer The Grizzle Company Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2006

Transaction ID: 60411.C16072

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 2326 California Street, NW

City State Zip Code  
Washington DC 20008

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

Name of Employer The Grizzle Company Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2006

Transaction ID: 60411.C16073

Amount of Each Receipt this Period  
900.00

Receipt  
 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 33 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 2031 Bardstown Road

City Elizabethtown State KY Zip Code 42701-8562

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: 60411.C16065

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 5550 North Preston

City Shepherdsville State KY Zip Code 40165

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

Name of Employer Commonwealth of Kentucky  
Occupation Legislator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2006

Transaction ID: 60411.C16300

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 341 Ridgeway Drive

City Metairie State LA Zip Code 70001

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

Name of Employer Preis, Kraft & Roy  
Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2006

Transaction ID: 60411.C16370

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 81
	<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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Lamonte Hornback		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 310 Briarwood Circle		Transaction ID: 60411.C16382
City Elizabethtown	State KY	Zip Code 42701
Amount of Each Receipt this Period 500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hornback Realty	Occupation Realtor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mimi Hornback		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 310 Briarwood Circle		Transaction ID: 60411.C16381
City Elizabethtown	State KY	Zip Code 42701
Amount of Each Receipt this Period 500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hornback Realty	Occupation Realtor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ruel Houchens		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2006
Mailing Address 100 Longhunters Trail		Transaction ID: 60411.C16146
City Glasgow	State KY	Zip Code 42141
Amount of Each Receipt this Period 500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer None	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address P.O. Box 514

City State Zip Code  
Leitchfield KY 42754

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: 60411.C16096

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address PO Box 224

City State Zip Code  
Beaver Dam KY 42320

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2006

Transaction ID: 60411.C16056

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 5780 Shepherdsville Road

City State Zip Code  
Elizabethtown KY 42701-9529

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: 60411.C16069

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 2640 Zaring Mill Road

City State Zip Code  
Shelbyville KY 40065

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

Name of Employer Occupation  
Self-Employed Farmer

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

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2006

Transaction ID: 60411.C16158

Amount of Each Receipt this Period  
150.00

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

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

Mailing Address 555 Hutcherson Road

City State Zip Code  
Glasgow KY 42141

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

Name of Employer Occupation  
North American Resource Group Manager

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

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2006

Transaction ID: 60411.C16084

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 4501 Taylorsville Lake Road  
PO Box 8

City State Zip Code  
Fisherville KY 40023-0008

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

Name of Employer Occupation  
None Retired

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

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2006

Transaction ID: 60411.C16159

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 130 Apple Lane

City State Zip Code  
Taylorsville KY 40071

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

Name of Employer  
Self-Employed

Occupation  
Engineer

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  
03 / 08 / 2006

**Transaction ID:** 60411.C16218

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 735 Falls Grove Drive Suite 8112

City State Zip Code  
Rockville MD 20850

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

Name of Employer  
Martin, Fisher & Associates

Occupation  
President

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  
03 / 27 / 2006

**Transaction ID:** 60411.C16366

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
J Allen Martin

Mailing Address 10095 Lawyers Road

City State Zip Code  
Vienna VA 22181

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

Name of Employer  
The Livingston Group

Occupation  
Consultant

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  
02 / 13 / 2006

**Transaction ID:** 60411.C16078

Amount of Each Receipt this Period  
1000.00

Receipt  
 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 38 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 220 Seminole Road

City Elizabethtown State KY Zip Code 42701

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: 60411.C16251

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1102 Triplett Street

City Owensboro State KY Zip Code 42303

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2006

Transaction ID: 60411.C16334

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address PO Box 128

City Shepherdsville State KY Zip Code 40165

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

Name of Employer Self-Employed  
Occupation Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2006

Transaction ID: 60411.C16289

Amount of Each Receipt this Period  
400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 1606 Briteway Drive

City State Zip Code  
Bowling Green KY 42103-1413

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

Name of Employer Occupation  
South Central Bank

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2006

**Transaction ID:** 60411.C16215

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 4033 Saint Germaine Court

City State Zip Code  
Louisville KY 40207

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

Name of Employer Occupation  
Montgomery Realty Company  
Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2006

**Transaction ID:** 60411.C16296

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 1038 Fisher Lane

City State Zip Code  
Elizabethtown KY 42701

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

Name of Employer Occupation  
E-Town Orthopaedic Associates  
Surgeon

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2006

**Transaction ID:** 60411.C16191

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 4325 Park City Bonayr Road

City State Zip Code  
Park City KY 42160

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2006

Transaction ID: 60411.C16239

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
J. L. Newcomb

Mailing Address 1360 East John Rowen Blvd

City State Zip Code  
Bardstown KY 40004

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

Name of Employer Newcomb Oil Company Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2006

Transaction ID: 60411.C16257

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1360 East John Rowan

City State Zip Code  
Bardstown KY 40004

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

Name of Employer Newcomb Oil Company Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2006

Transaction ID: 60411.C16256

Amount of Each Receipt this Period  
1000.00

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 105 Regency Court  
E-1

City State Zip Code  
Campbellsville KY 42718-1956

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2006

Transaction ID: 60411.C16264

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address PO Box 390

City State Zip Code  
Bardstown KY 40004

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

Name of Employer Newcomb Oil Company Occupation Vice 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 Y  
02 / 28 / 2006

Transaction ID: 60411.C16258

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 10172 Linn Station Road  
Suite 200

City State Zip Code  
Louisville KY 40223

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

Name of Employer NTS Development Co. Occupation Developer

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  
03 / 14 / 2006

Transaction ID: 60411.C16241

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 1420 Hunting Creek Drive

City Owensboro State KY Zip Code 42303

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 ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2006

Transaction ID: 60411.C16134

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 731 Thomas Road

City Elizabethtown State KY Zip Code 42701

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

Name of Employer Cecilia Farm Supply  
Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2006

Transaction ID: 60411.C16184

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 10000 Shelbyville Road Suite 100

City Louisville State KY Zip Code 40223

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

Name of Employer Self-Employed  
Occupation Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: 60411.C16092

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3200.00**

**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 / 81
	<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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> George Phillips		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 40763 Lenah Run Circle		Transaction ID: 60411.C16075
City State Zip Code Aldie VA 20105	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Ensign-Bickford Aerospace	Occupation Consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> George Phillips		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 40763 Lenah Run Circle		Transaction ID: 60411.C16369
City State Zip Code Aldie VA 20105	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Ensign-Bickford Aerospace	Occupation Consultant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Allen Purnell		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6
Mailing Address 3434 Buck Creek Road		Transaction ID: 60411.C16270
City State Zip Code Simpsonville KY 40067	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Purnells Old Folks Sausage	Occupation CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 450 Rhodes Road

City State Zip Code  
Campbellsville KY 42718

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

Name of Employer Self-Employed Occupation  
Farmer

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

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2006

Transaction ID: 60411.C16086

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 408 A Street, SE

City State Zip Code  
Washington DC 20003

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

Name of Employer The Livingston Group Occupation  
Consultant

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

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2006

Transaction ID: 60411.C16074

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 437 Country Club Estates

City State Zip Code  
Glasgow KY 42141

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

Name of Employer Glasgow Radiology Occupation  
Physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2006

Transaction ID: 60411.C16190

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 4200 Raywick Road

City State Zip Code  
Raywick KY 40060

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

Name of Employer Occupation  
Mike Shannon Inc Electrical Inspector

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

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

Transaction ID: 60411.C16093

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 3545 North Utah Street

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Dutko Group Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 60411.C16076

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 12106 East Osage

City State Zip Code  
Anchorage KY 40223

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

Name of Employer Occupation  
Publishers Printing Company Printer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

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

Transaction ID: 60411.C16344

Amount of Each Receipt this Period  
100.00

Receipt  
 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 46 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 301 Quail Run Road

City Elizabethtown State KY Zip Code 42701

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

Name of Employer Self-Employed Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2006

Transaction ID: 60411.C16082

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 3101 Bardstown Road

City Louisville State KY Zip Code 40205

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

Name of Employer The Sullivan College System Occupation Administrator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: 60411.C16059

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 11043 Maxwell Road

City Utica State KY Zip Code 42376-0099

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

Name of Employer Asmark Institute Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

3250.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: 60411.C16067

Amount of Each Receipt this Period  
1000.00

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

**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 47 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 11035 Clara Barton Drive

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Occupation  
Martin, Fisher & Thompson 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 Y  
03 / 29 / 2006

**Transaction ID:** 60411.C16374

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 5800 1st Street, N

City State Zip Code  
Arlington VA 22203-1102

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

Name of Employer Occupation  
Strategic Healthcare Consultant

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  
03 / 15 / 2006

**Transaction ID:** 60411.C16333

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 260 Bates Road

City State Zip Code  
Elizabethtown KY 42701

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

Name of Employer Occupation  
Denise Vaught & Associates Consultant

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  
03 / 30 / 2006

**Transaction ID:** 60411.C16395

Amount of Each Receipt this Period  
1600.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3850.00**

**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 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 260 Bates Road

City Elizabethtown State KY Zip Code 42701

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

Name of Employer Denise Vaught & Associates Occupation Consultant

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  
 03 / 31 / 2006

**Transaction ID:** 60411.C16396

Amount of Each Receipt this Period  
 400.00

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

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

Mailing Address 2475 North Sun Valley Place

City Eagle State ID Zip Code 83616-3362

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

Name of Employer Cansler, Venosdel & Associates Occupation President

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  
 03 / 27 / 2006

**Transaction ID:** 60411.C16371

Amount of Each Receipt this Period  
 250.00

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

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

Mailing Address 4778 State Route 334

City Lewisport State KY Zip Code 42351

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 18 / 2006

**Transaction ID:** 60411.C16164

Amount of Each Receipt this Period  
 200.00

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 6160 Cobbs Road

City State Zip Code  
Alexandria VA 22310

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

Name of Employer Saab Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2006

Transaction ID: 60411.C16372

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1167 Peaceful Way

City State Zip Code  
Shepherdsville KY 40165

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2006

Transaction ID: 60411.C16339

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 3622 Bridge Pointe

City State Zip Code  
Owensboro KY 42303

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

Name of Employer Tom Watson Prosthetics Occupation Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 17 / 2006

Transaction ID: 60411.C16326

Amount of Each Receipt this Period  
1600.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 3622 Bridge Pointe

City State Zip Code  
Owensboro KY 42303

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

Name of Employer Occupation  
Tom Watson Prosthetics Manager

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2006

Transaction ID: 60411.C16327

Amount of Each Receipt this Period  
400.00

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

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

Mailing Address 10767 Omaha Trace

City State Zip Code  
Union KY 41091

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

Name of Employer Occupation  
Emerald International 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  
03 / 29 / 2006

Transaction ID: 60411.C16363

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 105 Mallard Crossing Court

City State Zip Code  
Elizabethtown KY 42701

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

Name of Employer Occupation  
None Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2006

Transaction ID: 60411.C16276

Amount of Each Receipt this Period  
100.00

Receipt  
 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 51 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 310 Valley View Drive

City State Zip Code  
Shepherdsville KY 40165

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2006

Transaction ID: 60411.C16175

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 310 Valley View Drive

City State Zip Code  
Shepherdsville KY 40165

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

Name of Employer None Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2006

Transaction ID: 60411.C16294

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 692 Gina Drive

City State Zip Code  
Shelbyville KY 40065-8807

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

Name of Employer Jacobi Sales Occupation Service Contractor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2006

Transaction ID: 60411.C16124

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 81
	<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)  
Ron Lewis for Congress

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

Mailing Address 309 Central Avenue

City Elizabethtown State KY Zip Code 42701

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

Name of Employer Coldwell Banker Occupation Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 925.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2006

Transaction ID: 60411.C16252

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 359 Rice School Road

City Mc Kee State KY Zip Code 40447-9770

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

Name of Employer Self-Employed Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2006

Transaction ID: 60411.C16368

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 2140 Lake Park Boulevard No. 113

City Richardson State TX Zip Code 75080

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

Name of Employer Datatrac Information Services Occupation Senior Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2006

Transaction ID: 60411.C16364

Amount of Each Receipt this Period  
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 53 / 81	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

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

Mailing Address 2928 Eastbrook Court

City Lexington State KY Zip Code 40502

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

Name of Employer HMZ Consulting Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2006

Transaction ID: 60411.C16367

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	42800.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 81
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) Republic Bank & Trust Company		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address C/O Ken Logsdon 1690 Ring Road		Transaction ID: 60411.C16431	
City Elizabethtown	State KY	Zip Code 42701-	Amount of Each Receipt this Period 1071.39
FEC ID number of contributing federal political committee. C		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9586.46		

Full Name (Last, First, Middle Initial) Republic Bank & Trust Company		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address C/O Ken Logsdon 1690 Ring Road		Transaction ID: 60411.C16432	
City Elizabethtown	State KY	Zip Code 42701-	Amount of Each Receipt this Period 977.42
FEC ID number of contributing federal political committee. C		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10563.88		

Full Name (Last, First, Middle Initial) Republic Bank & Trust Company		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address C/O Ken Logsdon 1690 Ring Road		Transaction ID: 60411.C16433	
City Elizabethtown	State KY	Zip Code 42701-	Amount of Each Receipt this Period 1139.18
FEC ID number of contributing federal political committee. C		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11703.06		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3187.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	3187.99

# 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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Ashland Office Supply</b>		<b>Transaction ID:</b> 60411.E5160 Date of Disbursement
Mailing Address C/O Tom Burnette PO Box 2409		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Ashland	State KY	Zip Code 41105-2409
Purpose of Disbursement OFFICE SUPPLIES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="176.11"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>OFFICE SUPPLIES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bluegrass Cellular</b>		<b>Transaction ID:</b> 60411.E5093 Date of Disbursement
Mailing Address C/O Alex Brosky PO Box 5012		<input type="text" value="01"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>
City Elizabethtown	State KY	Zip Code 42702-5012
Purpose of Disbursement CELL PHONE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="131.13"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>CELL PHONE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bluegrass Cellular</b>		<b>Transaction ID:</b> 60411.E5128 Date of Disbursement
Mailing Address C/O Alex Brosky PO Box 5012		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Elizabethtown	State KY	Zip Code 42702-5012
Purpose of Disbursement CELL PHONE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="143.82"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>CELL PHONE</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="451.06"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Bluegrass Cellular</b>		<b>Transaction ID:</b> 60411.E5162 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address C/O Alex Brosky PO Box 5012		Amount of Each Disbursement this Period 129.81
City Elizabethtown State KY Zip Code 42702-5012	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE	Candidate Name	CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Brandenburg Telephone Company</b>		<b>Transaction ID:</b> 60411.E5098 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address C/O Tom Hewlett PO Box 599		Amount of Each Disbursement this Period 111.64
City Brandenburg State KY Zip Code 40108-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELECOMMUNICATIONS	Candidate Name	TELECOMMUNICATIONS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Brandenburg Telephone Company</b>		<b>Transaction ID:</b> 60411.E5139 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address C/O Tom Hewlett PO Box 599		Amount of Each Disbursement this Period 106.62
City Brandenburg State KY Zip Code 40108-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELECOMMUNICATIONS	Candidate Name	TELECOMMUNICATIONS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	348.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 81

<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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Brandenburg Telephone Company</b>		<b>Transaction ID:</b> 60411.E5166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6
Mailing Address C/O Tom Hewlett PO Box 599		Amount of Each Disbursement this Period 113.87
City Brandenburg	State KY	
Zip Code 40108-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>TELECOMMUNICATIONS</b>
Purpose of Disbursement TELECOMMUNICATIONS		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		<b>Transaction ID:</b> 60411.E5094 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address C/O Sonya 300 1st Street, SE		Amount of Each Disbursement this Period 369.60
City Washington	State DC	
Zip Code 20003-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CATERING</b>
Purpose of Disbursement CATERING		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		<b>Transaction ID:</b> 60411.E5095 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address C/O Sonya 300 1st Street, SE		Amount of Each Disbursement this Period 3725.04
City Washington	State DC	
Zip Code 20003-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CATERING</b>
Purpose of Disbursement CATERING		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4208.51</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		<b>Transaction ID:</b> 60411.E5137 Date of Disbursement MM / DD / YYYY 02 / 14 / 2006
Mailing Address C/O Sonya 300 1st Street, SE		Amount of Each Disbursement this Period 9.26
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING	Candidate Name	CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hardin County Chamber of Commerce</b>		<b>Transaction ID:</b> 60411.E5138 Date of Disbursement MM / DD / YYYY 02 / 14 / 2006
Mailing Address C/O Edith Dupin 111 West Dixie Avenue		Amount of Each Disbursement this Period 7.00
City Elizabethtown State KY Zip Code 42701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CHAMBER LUNCHEON	Candidate Name	CHAMBER LUNCHEON
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hardin County Chamber of Commerce</b>		<b>Transaction ID:</b> 60411.E5169 Date of Disbursement MM / DD / YYYY 03 / 27 / 2006
Mailing Address C/O Edith Dupin 111 West Dixie Avenue		Amount of Each Disbursement this Period 7.00
City Elizabethtown State KY Zip Code 42701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CHAMBER LUNCHEON	Candidate Name	CHAMBER LUNCHEON
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	23.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Congressional Club</b>		<b>Transaction ID:</b> 60411.E5174 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address C/O Lydia 2001 New Hampshire, NW		Amount of Each Disbursement this Period 300.00
City Washington State DC Zip Code 20009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 1ST LADYS LUNCHEON TICKETS		1ST LADYS LUNCHEON TICKETS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Department of Treasury</b>		<b>Transaction ID:</b> 60411.E5140 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 1091.40
City Memphis State TN Zip Code 37501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 2005 INCOME TAXES		2005 INCOME TAXES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express Corporation</b>		<b>Transaction ID:</b> 60411.E5092 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 113.16
City Pittsburgh State PA Zip Code 15250-7461	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING COSTS		SHIPPING COSTS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1504.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Federal Express Corporation</b>		<b>Transaction ID:</b> 60411.E5097 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 32.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15250-7461	Category/Type	
Purpose of Disbursement SHIPPING COSTS Candidate Name		SHIPPING COSTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federal Express Corporation</b>		<b>Transaction ID:</b> 60411.E5165 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 37.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15250-7461	Category/Type	
Purpose of Disbursement SHIPPING COSTS Candidate Name		SHIPPING COSTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. First Vote Strategy</b>		<b>Transaction ID:</b> 60411.E5132 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address C/O Vincent Fields PO Box 4146		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
City Frankfort State KY Zip Code 40604-	Category/Type	
Purpose of Disbursement RESEARCH Candidate Name		RESEARCH
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5070.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Hal Rogers for Congress Committee</b>		<b>Transaction ID:</b> 60413.C16434IK Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 1214		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  IN KIND:
City Somerset State KY Zip Code 42502-		
Purpose of Disbursement Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dennis Hogan</b>		<b>Transaction ID:</b> 60411.E5161 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 244 Ridgeway Drive, West		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  INVITATION DESIGN
City Elizabethtown State KY Zip Code 42701-		
Purpose of Disbursement INVITATION DESIGN Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. KVN</b>		<b>Transaction ID:</b> 60411.E5129 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address PO Box 547		Amount of Each Disbursement this Period 480.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ANNUAL INTERNET SERVICE FEE
City Elizabethtown State KY Zip Code 42702-		
Purpose of Disbursement ANNUAL INTERNET SERVICE FEE Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2555.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. KY State Treasurer</b>		<b>Transaction ID:</b> 60411.E5089 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address Kentucky Revenue Cabinet PO Box 948		Amount of Each Disbursement this Period 500.00
City Frankfort	State KY	
Zip Code 40602-0848		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CANDIDATE FILING FEE</b>
Purpose of Disbursement CANDIDATE FILING FEE		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. KY State Treasurer</b>		<b>Transaction ID:</b> 60411.E5141 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address Kentucky Revenue Cabinet PO Box 948		Amount of Each Disbursement this Period 295.05
City Frankfort	State KY	
Zip Code 40602-0848		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>2005 INCOME TAXES</b>
Purpose of Disbursement 2005 INCOME TAXES		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Daniel London</b>		<b>Transaction ID:</b> 60411.E5159 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1002 Cobblestone Way		Amount of Each Disbursement this Period 35.50
City Shepherdsville	State KY	
Zip Code 40165-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>REIMBURSEMENT: TRAVEL CO-STS</b>
Purpose of Disbursement REIMBURSEMENT: TRAVEL COSTS		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>830.55</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Daniel London</b>		<b>Transaction ID:</b> 60411.E5167 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6	
Mailing Address 1002 Cobblestone Way		Amount of Each Disbursement this Period 20.00	
City Shepherdsville State KY Zip Code 40165-	Purpose of Disbursement REIMBURSEMENT: TRAVEL COSTS	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: TRAVEL CO-STS	

Full Name (Last, First, Middle Initial) <b>B. Packages &amp; More</b>		<b>Transaction ID:</b> 60411.E5171 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6	
Mailing Address C/O Randy Osborne 803 North Dixie Avenue		Amount of Each Disbursement this Period 93.57	
City Elizabethtown State KY Zip Code 42701-	Purpose of Disbursement INVITATION PRINTING & MAILING (BULL	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INVITATION PRINTING & MAILING (BULL	

Full Name (Last, First, Middle Initial) <b>C. Republic Bank &amp; Trust Company</b>		<b>Transaction ID:</b> 60411.E5090 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address C/O Lara Knieper 601 West Market Street		Amount of Each Disbursement this Period 289.00	
City Louisville State KY Zip Code 40202-2700	Purpose of Disbursement RENT	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>402.57</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Republic Bank &amp; Trust Company</b>		<b>Transaction ID:</b> 60411.E5091 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address C/O Lara Knieper 601 West Market Street		Amount of Each Disbursement this Period 3644.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40202-2700	Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		<b>Transaction ID:</b> 60411.E5112 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 1101 17th Street		Amount of Each Disbursement this Period 380.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement TRAVEL EXPENSE/AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/AIRFARE

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		<b>Transaction ID:</b> 60411.E5111 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 1101 17th Street		Amount of Each Disbursement this Period 380.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement TRAVEL EXPENSE/AIRFARE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3644.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Three T Food Mart</b>		<b>Transaction ID:</b> 60411.E5120 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 5629 Leitchfield Road		Amount of Each Disbursement this Period 38.12
City Cecilia State KY Zip Code 42724-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTOMOBILE FUEL	Candidate Name	<b>[MEMO ITEM]</b> MEMO: AUTOMOBILE FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cracker Barrel/E-Town</b>		<b>Transaction ID:</b> 60411.E5121 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 1047 Executive Drive		Amount of Each Disbursement this Period 65.45
City Elizabethtown State KY Zip Code 42701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE/MEALS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cracker Barrel/Cave City</b>		<b>Transaction ID:</b> 60411.E5125 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 800 Happy Valley Street		Amount of Each Disbursement this Period 21.36
City Cave City State KY Zip Code 42127-8412	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE/MEALS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Cracker Barrel/Cave City</b>		<b>Transaction ID:</b> 60411.E5126 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 800 Happy Valley Street		Amount of Each Disbursement this Period 19.00
City Cave City State KY Zip Code 42127-8412	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE/MEALS Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. House of Representatives Gift Shop</b>		<b>Transaction ID:</b> 60411.E5115 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address B-217 Longworth Building		Amount of Each Disbursement this Period 80.00
City US House Of Repres State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GIFTS FOR SUPPORTERS Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: GIFTS FOR SUPPORTERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Helens Flowers</b>		<b>Transaction ID:</b> 60411.E5124 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address C/O Pat & Roger Stradley 1309 North Wilson Avenue		Amount of Each Disbursement this Period 89.57
City Radcliff State KY Zip Code 40160-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS FOR CONSTITUENT Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: FLOWERS FOR CONSTITUENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Ron Lewis for Congress

<b>A. Loews LEnfant Plaza</b> Full Name (Last, First, Middle Initial) Mailing Address 480 LEnfant Plaza, SW City Washington State DC Zip Code 20024-2197 Purpose of Disbursement TRAVEL EXPENSE/LODGING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60411.E5104 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5 Amount of Each Disbursement this Period 1146.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/LODGING
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<b>B. Lowes of Elizabethtown</b> Full Name (Last, First, Middle Initial) Mailing Address 100 Lowes Drive City Elizabethtown State KY Zip Code 42701- Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60411.E5118 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5 Amount of Each Disbursement this Period 187.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
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<b>C. Red, Hot &amp; Blue Restaurants Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address C/O Sarah 1701 Clarendon Boulevard City Arlington State VA Zip Code 22209- Purpose of Disbursement CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60411.E5113 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 148.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CATERING
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Speedway/E-Town</b>		Transaction ID: 60411.E5114 Date of Disbursement 12 / 15 / 2005	
Mailing Address 1040 North Mulberry Street		Amount of Each Disbursement this Period 35.29	
City Elizabethtown State KY Zip Code 42701-	Purpose of Disbursement AUTOMOBILE FUEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: AUTOMOBILE FUEL	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Transaction ID: 60411.E5109 Date of Disbursement 12 / 12 / 2005	
Mailing Address 1807 North Dixie Avenue		Amount of Each Disbursement this Period 38.72	
City Elizabethtown State KY Zip Code 42701-	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Transaction ID: 60411.E5100 Date of Disbursement 12 / 05 / 2005	
Mailing Address 1807 North Dixie Avenue		Amount of Each Disbursement this Period 19.09	
City Elizabethtown State KY Zip Code 42701-	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 60411.E5117 Date of Disbursement 12 / 16 / 2005
Mailing Address 1807 North Dixie Avenue		Amount of Each Disbursement this Period 43.50
City Elizabethtown State KY Zip Code 42701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Symantec</b>		Transaction ID: 60411.E5107 Date of Disbursement 12 / 12 / 2005
Mailing Address 20330 Stevens Creek Boulevard		Amount of Each Disbursement this Period 29.99
City Cupertino State CA Zip Code 95014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SOFTWARE UPDATE Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: SOFTWARE UPDATE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Symantec</b>		Transaction ID: 60411.E5108 Date of Disbursement 12 / 12 / 2005
Mailing Address 20330 Stevens Creek Boulevard		Amount of Each Disbursement this Period 39.99
City Cupertino State CA Zip Code 95014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SOFTWARE UPDATE Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: SOFTWARE UPDATE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		<b>Transaction ID:</b> 60411.E5105 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 217.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22227-	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/AIRFARE	
Purpose of Disbursement TRAVEL EXPENSE/AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		<b>Transaction ID:</b> 60411.E5106 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 217.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22227-	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/AIRFARE	
Purpose of Disbursement TRAVEL EXPENSE/AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Wal-Mart</b>		<b>Transaction ID:</b> 60411.E5119 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 100 Wal-Mart Drive		Amount of Each Disbursement this Period 10.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Elizabethtown State KY Zip Code 42701-	<b>[MEMO ITEM]</b> MEMO: EVENT PHOTOS	
Purpose of Disbursement EVENT PHOTOS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Republic Bank &amp; Trust Company</b>		<b>Transaction ID:</b> 60411.E5136 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address C/O Lara Knieper 601 West Market Street		Amount of Each Disbursement this Period 289.00
City Louisville State KY Zip Code 40202-2700	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT	Category/ Type	RENT
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Republic Bank &amp; Trust Company</b>		<b>Transaction ID:</b> 60411.E5135 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address C/O Lara Knieper 601 West Market Street		Amount of Each Disbursement this Period 2862.71
City Louisville State KY Zip Code 40202-2700	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Category/ Type	CREDIT CARD: SEE BELOW
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Chevron/Cecilia</b>		<b>Transaction ID:</b> 60411.E5155 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address Leitchfield Road		Amount of Each Disbursement this Period 33.75
City Cecilia State KY Zip Code 42724-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTOMOBILE FUEL	Category/ Type	<b>[MEMO ITEM]</b> MEMO: AUTOMOBILE FUEL
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3151.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
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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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Congressional Institute</b>		<b>Transaction ID:</b> 60411.E5149 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6
Mailing Address C/O Trisha Bronson 401 Wythe Street		Amount of Each Disbursement this Period 943.00
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 2006 MEMBERS RETREAT		<b>[MEMO ITEM]</b> MEMO: 2006 MEMBERS RETREAT
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Congressional Club</b>		<b>Transaction ID:</b> 60411.E5154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address C/O Lydia 2001 New Hampshire, NW		Amount of Each Disbursement this Period 960.00
City Washington State DC Zip Code 20009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GIFTS FOR SUPPORTERS		<b>[MEMO ITEM]</b> MEMO: GIFTS FOR SUPPORTERS
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cracker Barrel/E-Town</b>		<b>Transaction ID:</b> 60411.E5153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 1047 Executive Drive		Amount of Each Disbursement this Period 16.59
City Elizabethtown State KY Zip Code 42701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE/MEALS		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/MEALS
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Cracker Barrel/Cave City</b>		<b>Transaction ID:</b> 60411.E5157 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6
Mailing Address 800 Happy Valley Street		Amount of Each Disbursement this Period 24.00
City Cave City State KY Zip Code 42127-8412	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE/MEALS Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. Capitol Historical Society</b>		<b>Transaction ID:</b> 60411.E5152 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 200 Maryland Avenue, NE		Amount of Each Disbursement this Period 496.95
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GIFTS FOR SUPPORTERS Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: GIFTS FOR SUPPORTERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Helens Flowers</b>		<b>Transaction ID:</b> 60411.E5151 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address C/O Pat & Roger Stradley 1309 North Wilson Avenue		Amount of Each Disbursement this Period 69.43
City Radcliff State KY Zip Code 40160-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS FOR CONSTITUENT Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: FLOWERS FOR CONSTITUENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Helens Flowers</b>		Transaction ID: 60411.E5150 Date of Disbursement MM / DD / YYYY 01 / 20 / 2006
Mailing Address C/O Pat & Roger Stradley 1309 North Wilson Avenue		Amount of Each Disbursement this Period 73.67
City Radcliff State KY Zip Code 40160-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS FOR CONSTITUENT Candidate Name		<b>[MEMO ITEM]</b> MEMO: FLOWERS FOR CONSTITUENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Helens Flowers</b>		Transaction ID: 60411.E5145 Date of Disbursement MM / DD / YYYY 01 / 06 / 2006
Mailing Address C/O Pat & Roger Stradley 1309 North Wilson Avenue		Amount of Each Disbursement this Period 78.97
City Radcliff State KY Zip Code 40160-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS FOR CONSTITUENT Candidate Name		<b>[MEMO ITEM]</b> MEMO: FLOWERS FOR CONSTITUENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Speedway/E-Town</b>		Transaction ID: 60411.E5147 Date of Disbursement MM / DD / YYYY 01 / 11 / 2006
Mailing Address 1040 North Mulberry Street		Amount of Each Disbursement this Period 35.08
City Elizabethtown State KY Zip Code 42701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTOMOBILE FUEL Candidate Name		<b>[MEMO ITEM]</b> MEMO: AUTOMOBILE FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Elizabethtown Post Office</b>		<b>Transaction ID:</b> 60411.E5148 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address C/O Postmaster Donetta Elmore 2934 Dolphin Drive		Amount of Each Disbursement this Period 39.40
City Elizabethtown State KY Zip Code 42701-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING COSTS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: SHIPPING COSTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Republic Bank &amp; Trust Company</b>		<b>Transaction ID:</b> 60411.E5172 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address C/O Lara Knieper 601 West Market Street		Amount of Each Disbursement this Period 289.00
City Louisville State KY Zip Code 40202-2700	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT	Candidate Name	RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Republic Bank &amp; Trust Company</b>		<b>Transaction ID:</b> 60411.E5173 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address C/O Lara Knieper 601 West Market Street		Amount of Each Disbursement this Period 3388.05
City Louisville State KY Zip Code 40202-2700	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3677.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Three T Food Mart</b>		Transaction ID: 60413.E5210 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006
Mailing Address 5629 Leitchfield Road		Amount of Each Disbursement this Period 21.54
City Cecilia State KY Zip Code 42724-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTOMOBILE FUEL	Candidate Name	<b>[MEMO ITEM]</b> MEMO: AUTOMOBILE FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chevron/Cecilia</b>		Transaction ID: 60413.E5209 Date of Disbursement MM / DD / YYYY 03 / 01 / 2006
Mailing Address Leitchfield Road		Amount of Each Disbursement this Period 34.80
City Cecilia State KY Zip Code 42724-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTOMOBILE FUEL	Candidate Name	<b>[MEMO ITEM]</b> MEMO: AUTOMOBILE FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cracker Barrel/E-Town</b>		Transaction ID: 60413.E5189 Date of Disbursement MM / DD / YYYY 02 / 15 / 2006
Mailing Address 1047 Executive Drive		Amount of Each Disbursement this Period 17.54
City Elizabethtown State KY Zip Code 42701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE/MEALS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Helens Flowers</b>		Transaction ID: 60413.E5200 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address C/O Pat & Roger Stradley 1309 North Wilson Avenue		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Radcliff State KY Zip Code 40160-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement FLOWERS FOR CONSTITUENT Candidate Name		<b>[MEMO ITEM]</b> MEMO: FLOWERS FOR CONSTITUENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Helens Flowers</b>		Transaction ID: 60413.E5201 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address C/O Pat & Roger Stradley 1309 North Wilson Avenue		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Radcliff State KY Zip Code 40160-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement FLOWERS FOR CONSTITUENT Candidate Name		<b>[MEMO ITEM]</b> MEMO: FLOWERS FOR CONSTITUENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Housewarmings</b>		Transaction ID: 60413.E5193 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 2312 Palumbo Drive		Amount of Each Disbursement this Period 547.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lexington State KY Zip Code 40509-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement GIFTS FOR SUPPORTERS Candidate Name		<b>[MEMO ITEM]</b> MEMO: GIFTS FOR SUPPORTERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Speedway/E-Town</b>		<b>Transaction ID:</b> 60413.E5191 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1040 North Mulberry Street		Amount of Each Disbursement this Period 18.97
City Elizabethtown State KY Zip Code 42701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTOMOBILE FUEL	Candidate Name	<b>[MEMO ITEM]</b> MEMO: AUTOMOBILE FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Speedway/E-Town</b>		<b>Transaction ID:</b> 60413.E5182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 1040 North Mulberry Street		Amount of Each Disbursement this Period 28.86
City Elizabethtown State KY Zip Code 42701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTOMOBILE FUEL	Candidate Name	<b>[MEMO ITEM]</b> MEMO: AUTOMOBILE FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Speedway/E-Town</b>		<b>Transaction ID:</b> 60413.E5187 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 6
Mailing Address 1040 North Mulberry Street		Amount of Each Disbursement this Period 12.40
City Elizabethtown State KY Zip Code 42701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUTOMOBILE FUEL	Candidate Name	<b>[MEMO ITEM]</b> MEMO: AUTOMOBILE FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Stonehearth Restaurant</b>		Transaction ID: 60413.E5180 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address 1001 North Mulberry Street		Amount of Each Disbursement this Period 21.00
City Elizabethtown State KY Zip Code 42701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Toby Tours</b>		Transaction ID: 60413.E5208 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 145 Carter Avenue		Amount of Each Disbursement this Period 1510.00
City Louisville State KY Zip Code 40229-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONOR DISTRICT TOUR	Candidate Name	<b>[MEMO ITEM]</b> MEMO: DONOR DISTRICT TOUR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Elizabethtown Post Office</b>		Transaction ID: 60413.E5196 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address C/O Postmaster Donetta Elmore 2934 Dolphin Drive		Amount of Each Disbursement this Period 12.00
City Elizabethtown State KY Zip Code 42701-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING COSTS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: SHIPPING COSTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Elizabethtown Post Office</b>		<b>Transaction ID:</b> 60413.E5203 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6
Mailing Address C/O Postmaster Donetta Elmore 2934 Dolphin Drive		Amount of Each Disbursement this Period 7.02
City Elizabethtown State KY Zip Code 42701-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING COSTS	Category/Type	<b>[MEMO ITEM]</b> MEMO: SHIPPING COSTS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airways</b>		<b>Transaction ID:</b> 60413.E5199 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 232.10
City Amf Ohare State IL Zip Code 60666-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE/AIRFARE	Category/Type	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE/AIRFARE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Republican Party of KY</b>		<b>Transaction ID:</b> 60411.E5133 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address C/O Darrell Brock PO Box 1068		Amount of Each Disbursement this Period 225.00
City Frankfort State KY Zip Code 40602-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STATE LINCOLN DAY TICKETS	Category/Type	STATE LINCOLN DAY TICKETS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	225.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ron Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. SCM Associates</b>		<b>Transaction ID:</b> 60411.E5163 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address C/O Steve Bates 10 Main Street		Amount of Each Disbursement this Period 2664.68
City Jaffrey State NH Zip Code 03452-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONOR LETTER	Candidate Name	DONOR LETTER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elizabethtown Post Office</b>		<b>Transaction ID:</b> 60411.E5099 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address C/O Postmaster Donetta Elmore 2934 Dolphin Drive		Amount of Each Disbursement this Period 8.00
City Elizabethtown State KY Zip Code 42701-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING COSTS	Candidate Name	SHIPPING COSTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Voter/Consumer Research</b>		<b>Transaction ID:</b> 60411.E5096 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address C/O Jan van Lohuizen 516 C Street, NE		Amount of Each Disbursement this Period 12000.00
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RESEARCH	Candidate Name	RESEARCH
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	14672.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	40764.18