

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

KEN CALVERT FOR CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 1 | 7 |

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 69230.83 | 639173.83 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 2150.00 | 4750.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 67080.83 | 634423.83 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 40235.67 | 418349.27 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 1220.30 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 40235.67 | 417128.97 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 318680.41 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 2370.50 | |

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
 KEN CALVERT FOR CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 1 | 7 |

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

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

41800.00

411218.00

(ii) Unitemized.....

0.00

5375.00

(iii) TOTAL of contributions

41800.00

416593.00

from individuals..... ▶

2000.00

2000.00

(b) Political Party Committees.....

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

25430.83

220580.83

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

69230.83

639173.83

(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

0.00

0.00

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

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

0.00

1220.30

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

0.00

0.00

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

69230.83

640394.13

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 40235.67 | 418349.27 |
| 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..... | 2150.00 | 4750.00 |
| (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))..... | 2150.00 | 4750.00 |
| 21. OTHER DISBURSEMENTS..... | 2000.00 | 26738.61 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 44385.67 | 449837.88 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 293835.25 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 69230.83 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 363066.08 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 44385.67 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 318680.41 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
San Manuel Tribal Administration

Mailing Address 26524 Indian Service Road

City Highland State CA Zip Code 92346-1714

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

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 5 / 0 9 / 2 0 0 6

Transaction ID: A-C10138

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Richard S Alden

Mailing Address 5965 Speyside Road

City Riverside State CA Zip Code 92507-8475

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

Name of Employer Occupation
Empire Oil C.E.O.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4050.00

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

Transaction ID: A-C10124

Amount of Each Receipt this Period
1950.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Richard S Alden

Mailing Address 5965 Speyside Road

City Riverside State CA Zip Code 92507-8475

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

Name of Employer Occupation
Empire Oil C.E.O.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4050.00

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

Transaction ID: A-C10125

Amount of Each Receipt this Period
150.00

Over contrib. limit- Check refunded 5/17
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| A. Full Name (Last, First, Middle Initial) Mr. Dennis Anderson Mailing Address 1090 S Armstrong Circle City State Zip Code Anaheim CA 92807-4508 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C10118 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 8 | | 2 | 0 | 0 | 6 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 4 | | 1 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Anderson Seafoods Inc. Executive Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| B. Full Name (Last, First, Middle Initial) Mrs. Beverly Bailey Mailing Address 7220 Brandon Court City State Zip Code Riverside CA 92506-7521 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C10157 Amount of Each Receipt this Period <table border="1"> <tr> <td>2100.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 9 | | 2 | 0 | 0 | 6 | 2100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 4 | | 1 | 9 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 2100.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Stronghold Electric Inc V.P. Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>2100.00</td> </tr> </table> | 2100.00 | | | | | | | | | | | | | | | | | | | | |
| 2100.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| C. Full Name (Last, First, Middle Initial) Mr. Scott A Bailey Mailing Address 2000 Market Street City State Zip Code Riverside CA 92501-1769 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C10067 Amount of Each Receipt this Period <table border="1"> <tr> <td>2100.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 9 | | 2 | 0 | 0 | 6 | 2100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 4 | | 1 | 9 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 2100.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Stronghold CEO Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>2100.00</td> </tr> </table> | 2100.00 | | | | | | | | | | | | | | | | | | | | |
| 2100.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5200.00 |
| 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: <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 type="checkbox"/> 15 | PAGE 7 / 47 |
|--|--|-------------|

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Frank E Baxter | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 | |
| Mailing Address 325 Toyopa Drive | | Transaction ID: A-C10130 | |
| City State Zip Code Pacific Palisades CA 90272-4465 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Retired n/a | | | |
| 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. Mr. William D Bell | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 | |
| Mailing Address 5055 Canyon Crest Drive | | Transaction ID: A-C10119 | |
| City State Zip Code Riverside CA 92507-6015 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation W.D. Bell, Inc. President | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Donald R Boulanger | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6 | |
| Mailing Address 258 Avenida Vista Del Oceano | | Transaction ID: A-C10065 | |
| City State Zip Code San Clemente CA 92672-4547 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation None Retired | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1000.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | |
|--|---|---|
| A. Full Name (Last, First, Middle Initial) Mr. Timothy R Busch | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6 |
| Mailing Address 2532 Dupont Drive | | Transaction ID: A-C10066 |
| City State Zip Code Irvine CA 92612-1524 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Re-Designation to General <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation The Busch Firm Attorney | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 3100.00 | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Mr. Charles R Cherington | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 29 Buckingham Street | | Transaction ID: A-C10087 |
| City State Zip Code Cambridge MA 02138-2219 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Re-Designation to General <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Cherington Capital Investor | Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 1000.00 | | |

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) Mr. Henry W Coil, Jr. | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 |
| Mailing Address 3612 Mission Inn Avenue | | Transaction ID: A-C10105 |
| City State Zip Code Riverside CA 92501-3388 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Re-Designation to General <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Tildon-Coil Constructors, Inc. General Contractor | Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 1250.00 | | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Steven L Craig | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 |
| Mailing Address 1500 Quail Street Suite 100 | | Transaction ID: A-C10110 |
| City State Zip Code Newport Beach CA 92660-2733 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer President | Occupation Craig Realty Group | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Harry C. Crowell | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 19725 | | Transaction ID: A-C10137 |
| City State Zip Code Irvine CA 92623-9725 | | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Insko Dico Group | Occupation President/CEO | |
| 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) C. Mr. Nelson C Garcia | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 1100 17th Street NW Suite 1200 | | Transaction ID: A-C10071 |
| City State Zip Code Washington DC 20036-4639 | | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Intelligent Transportation | Occupation Director | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Nicholas Goldware

Mailing Address 2445 Rolling Ridge Road

City State Zip Code
Riverside CA 92506-4557

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

Name of Employer Talbot Insurance & Financial
Occupation Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: A-C10116

Amount of Each Receipt this Period
450.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Susan A Goldware

Mailing Address 2445 Rolling Ridge Road

City State Zip Code
Riverside CA 92506-4557

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

Name of Employer Talbot Insurance Service
Occupation Insurance Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: A-C10117

Amount of Each Receipt this Period
1550.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Arthur Biff Gordon

Mailing Address 19175 Palm Vista

City State Zip Code
Yorba Linda CA 92886-2741

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

Name of Employer Quality Toyota
Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: A-C10134

Amount of Each Receipt this Period
100.00

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

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Arthur Biff Gordon

Mailing Address 19175 Palm Vista

City State Zip Code
Yorba Linda CA 92886-2741

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

Name of Employer Occupation
Quality Toyota President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: A-C10154

Amount of Each Receipt this Period
900.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Debbi H Guthrie

Mailing Address 5240 Lochmoor Drive

City State Zip Code
Riverside CA 92507-8411

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

Name of Employer Occupation
Huffman Roofing Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: A-C10108

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Jim Guthrie

Mailing Address 5240 Lochmoor Drive

City State Zip Code
Riverside CA 92507-8411

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

Name of Employer Occupation
Jim Guthrie Construc 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
0 4 / 1 8 / 2 0 0 6

Transaction ID: A-C10109

Amount of Each Receipt this Period
1000.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2900.00 |
| 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 12 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Rudy Hanley | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 |
| Mailing Address 2718 N Vista Valley Road | | Transaction ID: A-C10114 |
| City State Zip Code Orange CA 92867-1762 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer OCTFCU | Occupation Executive | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Daniel Hays | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6 |
| Mailing Address 2640 Anna Street | | Transaction ID: A-C10063 |
| City State Zip Code Riverside CA 92506-4503 | | Amount of Each Receipt this Period 200.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer U.S.C. | Occupation Faculty | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1800.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Marlin L Hefti | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 101 Constitution Avenue N.W. Suite 600 West | | Transaction ID: A-C10082 |
| City State Zip Code Washington DC 20001 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Van Scoyoc Associates | Occupation Vice President | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2200.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

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

Mailing Address 2360 Bloomfield Lane

City State Zip Code
Corona CA 92882-3792

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

Name of Employer Occupation
Corner Turn LLC Senior Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 04 / 2006

Transaction ID: A-C10133

Amount of Each Receipt this Period
1100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. David Jackson

Mailing Address 2360 Bloomfield Lane

City State Zip Code
Corona CA 92882-3792

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

Name of Employer Occupation
Corner Turn LLC Senior Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 04 / 2006

Transaction ID: A-C10155

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Mimi Johnson

Mailing Address 2715 Corte Amatista

City State Zip Code
San Clemente CA 92673-5660

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

Name of Employer Occupation
None Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2006

Transaction ID: A-C10129

Amount of Each Receipt this Period
100.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2200.00 |
| 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 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ms. Mimi Johnson | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 | |
| Mailing Address 2715 Corte Amatista | | Transaction ID: A-C10190 | |
| City State Zip Code San Clemente CA 92673-5660 | | Amount of Each Receipt this Period 900.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation None Homemaker | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Joel Kaplan | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 | |
| Mailing Address 4730 24th Street N | | Transaction ID: A-C10083 | |
| City State Zip Code Arlington VA 22207-3513 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Van Scoyoc Associates V.P. | | | |
| 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) C. Mr. Robert A Krieger | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 | |
| Mailing Address 2644 Vista De Victoria | | Transaction ID: A-C10123 | |
| City State Zip Code Riverside CA 92506-4533 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Krieger & Stewart Incorporated Consulting Engineer | | | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3400.00 |
| 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 15 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Glenn Lukos

Mailing Address 25881 Rapid Falls Road

City State Zip Code
Laguna Hills CA 92653-7817

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

Name of Employer Lukos & Associates Occupation Lobbyist

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
04 / 18 / 2006

Transaction ID: A-C10107

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Howard Marlowe

Mailing Address 1667 K Street NW

City State Zip Code
Washington DC 20006-1605

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

Name of Employer Marlowe & Company Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

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

Transaction ID: A-C10160

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Martin A Match

Mailing Address 3182 Valencia

City State Zip Code
San Bernardino CA 92404

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

Name of Employer Match Corp. Occupation Chairman

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
04 / 18 / 2006

Transaction ID: A-C10113

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James F McConnell

Mailing Address 1130 Connecticut Avenue NW
Suite 300

City Washington State DC Zip Code 20036-3981

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: A-C10086

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Marcia Milchiker

Mailing Address 26132 Oroville Place

City Laguna Hills State CA Zip Code 92653-6315

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

Name of Employer South OC Community College Occupation Board Of Trustees Member

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: A-C10068

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Larry R Polhill

Mailing Address 1564 Mohave Drive

City Colton State CA Zip Code 92324-4803

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

Name of Employer American Pacific Financial Corporation Occupation Real Estate Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 6

Transaction ID: A-C10156

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| A. Full Name (Last, First, Middle Initial) Mr. Larry R Polhill Mailing Address 1564 Mohave Drive City Colton State CA Zip Code 92324-4803 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C10128 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 1 | | 2 | 0 | 0 | 6 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 5 | | 0 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer: American Pacific Financial Corporation Occupation: Real Estate Agent Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2000.00</td> </tr> </table> | 2000.00 | | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| B. Full Name (Last, First, Middle Initial) Mr. Joe Tavaglione Mailing Address 2262 Rockwell Road City Riverside State CA Zip Code 92506-5525 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-PI58 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 2 | 6 | | 2 | 0 | 0 | 6 | 2000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 4 | | 2 | 6 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer: J&L Properties Occupation: Partner Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2000.00</td> </tr> </table> [MEMO ITEM] Partnership Itemization Memo | 2000.00 | | | | | | | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| C. Full Name (Last, First, Middle Initial) Mrs. Carol Troesh Mailing Address 200 S Main Street Suite 200 City Corona State CA Zip Code 92882-2212 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C10115 Amount of Each Receipt this Period <table border="1"> <tr> <td>2100.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | | 1 | 8 | | 2 | 0 | 0 | 6 | 2100.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 4 | | 1 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 2100.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer: Homemaker Occupation: Homemaker Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ <table border="1"> <tr> <td>4200.00</td> </tr> </table> | 4200.00 | | | | | | | | | | | | | | | | | | | | |
| 4200.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3100.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | |
|---|-------------------------------------|---|
| A. Full Name (Last, First, Middle Initial) Mr. Dennis Troesh | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 |
| Mailing Address 200 S Main Street Suite 200 | | Transaction ID: A-C10153 |
| City State Zip Code Corona CA 92882-2212 | | Amount of Each Receipt this Period 2000.00 |
| FEC ID number of contributing federal political committee. C | | Over contrib. limit- check refund 5/17/0 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Robertson Ready Mix | Occupation President | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 6200.00 | |

| | | |
|---|-------------------------------------|---|
| B. Full Name (Last, First, Middle Initial) Mr. Dennis Troesh | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 |
| Mailing Address 200 S Main Street Suite 200 | | Transaction ID: A-C10158 |
| City State Zip Code Corona CA 92882-2212 | | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Robertson Ready Mix | Occupation President | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 6200.00 | |

| | | |
|---|-------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) Mr. David Turch | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 517 2nd Street NE | | Transaction ID: A-C10074 |
| City State Zip Code Washington DC 20002-4916 | | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer David Turch & Turch | Occupation President | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2600.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | |
|---|-------------------------------------|---|
| A. Full Name (Last, First, Middle Initial) Mr. Bruce D Varner | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 |
| Mailing Address 3750 University Avenue Suite 610 | | Transaction ID: A-C10112 |
| City State Zip Code Riverside CA 92501-3323 | | Amount of Each Receipt this Period 1300.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Varner, Saleson & Dobler LLP | Occupation Attorney | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2800.00 | |

| | | |
|---|-------------------------------------|---|
| B. Full Name (Last, First, Middle Initial) Mr. Bruce D Varner | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6 |
| Mailing Address 3750 University Avenue Suite 610 | | Transaction ID: A-C10164 |
| City State Zip Code Riverside CA 92501-3323 | | Amount of Each Receipt this Period 700.00 |
| FEC ID number of contributing federal political committee. C | | Re-Designation to General Election <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Varner, Saleson & Dobler LLP | Occupation Attorney | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2800.00 | |

| | | |
|---|-------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) Mrs. Helga Wolf | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 |
| Mailing Address 14340 Elsworth Street Suite 108 | | Transaction ID: A-C10159 |
| City State Zip Code Moreno Valley CA 92553-9020 | | Amount of Each Receipt this Period 900.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Germania Construction | Occupation Vice President | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2100.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2900.00 |
| 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 20 / 47 |
| | (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)
KEN CALVERT FOR CONGRESS

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Mr. Robert A Wolf | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 |
| Mailing Address Germania Corporation 14340 Elsworth Street, Suite 108 | | Transaction ID: A-C10121 |
| City Moreno Valley State CA Zip Code 92553 | | Amount of Each Receipt this Period 60.00 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Equity Investments | Occupation President | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3140.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Mr. Robert A Wolf | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 |
| Mailing Address Germania Corporation 14340 Elsworth Street, Suite 108 | | Transaction ID: A-C10122 |
| City Moreno Valley State CA Zip Code 92553 | | Amount of Each Receipt this Period 1040.00 |
| FEC ID number of contributing federal political committee. C | | Re-Designated to General <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Equity Investments | Occupation President | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3140.00 | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 1100.00 |
| TOTAL This Period (last page this line number only) | 41800.00 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 21 / 47 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
J & L Properties

Mailing Address 3405 Arlington Avenue

City State Zip Code
Riverside CA 92506-3254

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 6 | | 2 | 0 | 0 | 6 |

Transaction ID: A-C10127

Amount of Each Receipt this Period
2000.00

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

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 2000.00 |

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 22 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Albertsons, Inc. Political Action Committee | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 20 | | Transaction ID: A-C10060 |
| City Boise | State ID | Amount of Each Receipt this Period 1000.00 |
| Zip Code 83726-0020 | FEC ID number of contributing federal political committee. C C00243220 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 2 W. Dixie Hwy | | Transaction ID: A-C10069 |
| City Dana Beach | State FL | Amount of Each Receipt this Period 1000.00 |
| Zip Code 33004 | FEC ID number of contributing federal political committee. C C00027532 | <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 ▼ 4000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 |
| Mailing Address 1101 Vermont Avenue NW | | Transaction ID: A-C10061 |
| City Washington | State DC | Amount of Each Receipt this Period 2000.00 |
| Zip Code 20005-3521 | FEC ID number of contributing federal political committee. C C00000422 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BAE Systems USA PAC

Mailing Address 1215 Jefferson Davis Highway
Suite 1500

City Arlington State VA Zip Code 22202-4348

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 ▼ 2000.00

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

Transaction ID: A-C10077

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Campaign To Elect John F. Tavaglione, County Supervisor

Mailing Address 3825 Westwood Drive

City Riverside State CA Zip Code 92504-2721

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

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 4 / 1 8 / 2 0 0 6

Transaction ID: A-C10106

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
ChevronTexaco Employees PAC

Mailing Address PO Box 6016

City San Ramon State CA Zip Code 94583-0716

FEC ID number of contributing federal political committee. **C** C00035006

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 5 / 0 9 / 2 0 0 6

Transaction ID: A-C10136

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Employees of Northrop Grumman Corporation PAC ENGPAC | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 1234 6th Street Suite 204 | | Transaction ID: A-C10079 |
| City State Zip Code Santa Monica CA 90401-1635 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C C00088591 | | <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 ▼ 3000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. EXXON MOBIL CORPORATION-MOBIL POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 5959 Las Colinas Boulevard | | Transaction ID: A-C10073 |
| City State Zip Code Irving TX 75039-4202 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C C00095406 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. GENERAL ATOMICS POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 85608 | | Transaction ID: A-C10070 |
| City State Zip Code San Diego CA 92186-5608 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C C00215285 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 6000.00 | |

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

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. GENERAL ATOMICS POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 85608 | | Transaction ID: A-C10072 |
| City State Zip Code San Diego CA 92186-5608 | | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C C00215285 | | <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 ▼ 6000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Goodrich PAC | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address Four Coliseum Centre 2730 W. Tyvola Road | | Transaction ID: A-C10076 |
| City State Zip Code Charlotte NC 28217-0009 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C C00101725 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Honeywell International Political Action Committee (HIPAC) | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 101 Constitution Avenue NW Suite 500W | | Transaction ID: A-C10084 |
| City State Zip Code Washington DC 20001-2177 | | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C C00096156 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 47 |
| | <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)
KEN CALVERT FOR CONGRESS

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| A. Full Name (Last, First, Middle Initial) Lincoln Club Of Riverside County PAC Mailing Address PO Box 20065 City Riverside State CA Zip Code 92516-0065 FEC ID number of contributing federal political committee. C C00241323 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C10111 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> Re-Designation to General <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | / | 1 | 8 | / | 2 | 0 | 0 | 6 | 2500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 4 | / | 1 | 8 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| B. Full Name (Last, First, Middle Initial) Lockheed Martin Employees Political Action Committee Mailing Address 1725 Jefferson Davis Highway CRYSTAL SQUARE TWO SUITE 300 City Arlington State VA Zip Code 22202-4102 FEC ID number of contributing federal political committee. C C00303024 Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C10126 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | / | 2 | 6 | / | 2 | 0 | 0 | 6 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 4 | / | 2 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| C. Full Name (Last, First, Middle Initial) ORB PAC (Orbital Sciences Corporation Political Action Committee) Mailing Address 21700 Atlantic Boulevard City Sterling State VA Zip Code 20166-6801 FEC ID number of contributing federal political committee. C C00195263 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 ▼ 4000.00 | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C10080 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 4 | / | 1 | 2 | / | 2 | 0 | 0 | 6 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 4 | / | 1 | 2 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 4500.00 |
| 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 27 / 47 |
| | (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)
KEN CALVERT FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Pacific Consolidated Industries Employee Good Government Committee | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 601 S Glenoaks Boulevard Suite 211 | | Transaction ID: A-C10081 |
| City Burbank State CA Zip Code 91502-2775 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00409375 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Podiatry PAC | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 9312 Old Georgetown Road | | Transaction ID: A-C10078 |
| City Bethesda State MD Zip Code 20814 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00008839 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Raytheon Company Political Action Committee | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 141 Spring Street | | Transaction ID: A-C10085 |
| City Lexington State MA Zip Code 02421-7860 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00097568 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 5000.00 | |

| | |
|--|---------|
| 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: | PAGE 28 / 47 |
| | (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)
KEN CALVERT FOR CONGRESS

| | | |
|--|---|--|
| A. REALTORS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mailing Address 430 N Michigan Avenue | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 Transaction ID: A-C10139 |
| City Chicago State IL Zip Code 60611-4011 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00030718 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 6000.00 | |

| | | |
|--|---|--|
| B. Sonnenschein Political Action Committee Full Name (Last, First, Middle Initial) Mailing Address 1301 K Street N.W. Suite 600 East Tower | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 Transaction ID: A-C10075 |
| City Washington State DC Zip Code 20005 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00216127 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|--|---|--|
| C. VSAPAC Full Name (Last, First, Middle Initial) Mailing Address 101 Constitution Ave. N.W. Suite 600 West | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 Transaction ID: A-I10140 |
| City Washington State DC Zip Code 20001 | Amount of Each Receipt this Period 1430.83 | |
| FEC ID number of contributing federal political committee. C C00369058 | Inkind: In Kind catering & room rental <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 ▼ 1430.83 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3430.83 |
| 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 29 / 47 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Western Growers PAC - Federal

Mailing Address PO Box 2130

City State Zip Code
Newport Beach CA 92658-8944

FEC ID number of contributing federal political committee.
C C00193979

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: A-C10135

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 25430.83 |

**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)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ADT Security Services | | Transaction ID: B-E-10050 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6 |
| Mailing Address PO Box 650485 | | Amount of Each Disbursement this Period 27.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75265-0485 | Purpose of Disbursement Alarm System Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. ADT Security Services | | Transaction ID: B-E-10147 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 650485 | | Amount of Each Disbursement this Period 27.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75265-0485 | Purpose of Disbursement Alarm System Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. American Airlines | | Transaction ID: B-S-119 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 582880 | | Amount of Each Disbursement this Period 1133.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tulsa State OK Zip Code 74158-2880 | Purpose of Disbursement Travel: Airfare Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Subitemization of City National Bank Visa(04/25/06) |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 54.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. AT&T | | Transaction ID: B-E-10049 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6 |
| Mailing Address PO Box 78522 | | Amount of Each Disbursement this Period 19.97 |
| City Phoenix State AZ Zip Code 85062-8522 | Purpose of Disbursement Telephone Charges Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. AT&T | | Transaction ID: B-E-10098 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 78522 | | Amount of Each Disbursement this Period 75.36 |
| City Phoenix State AZ Zip Code 85062-8522 | Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. AT&T | | Transaction ID: B-E-10099 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 78522 | | Amount of Each Disbursement this Period 224.08 |
| City Phoenix State AZ Zip Code 85062-8522 | Purpose of Disbursement Telephone Expense Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 319.41 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|---|
| A. AT&T Full Name (Last, First, Middle Initial) Mailing Address PO Box 78522 City Phoenix State AZ Zip Code 85062-8522 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: B-E-10143 Date of Disbursement 05 / 09 / 2006 Amount of Each Disbursement this Period 20.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

| | | |
|---|--|---|
| B. CA-50 Victory Fund Full Name (Last, First, Middle Initial) Mailing Address 320 1st Street SE # C City Washington State DC Zip Code 20003-1838 Purpose of Disbursement Cont. to Fed Commtee- excess c Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special | | Transaction ID: B-E-10062 Date of Disbursement 04 / 11 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|--|--|---|
| C. Capital Campaigns Full Name (Last, First, Middle Initial) Mailing Address 520 Capitol Mall Suite 220 City Sacramento State CA Zip Code 95814-4715 Purpose of Disbursement Fundraising: Fundraising Management Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: B-E-10058 Date of Disbursement 04 / 11 / 2006 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 |
|--|--|---|

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6020.10 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 47

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Capital Campaigns | | Transaction ID: B-E-10095 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 520 Capitol Mall Suite 220 | | Amount of Each Disbursement this Period 5000.00 |
| City Sacramento State CA Zip Code 95814-4715 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fundraising: Fundraising management Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Capital Campaigns | | Transaction ID: B-E-10097 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 520 Capitol Mall Suite 220 | | Amount of Each Disbursement this Period 703.98 |
| City Sacramento State CA Zip Code 95814-4715 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Printing/administrative fundra Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB | | Transaction ID: B-E-10056 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6 |
| Mailing Address 300 1st Street SE | | Amount of Each Disbursement this Period 200.00 |
| City Washington State DC Zip Code 20003-1801 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fundraising: Fundraising Luncheon Meals Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5903.98 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 47

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB | | Transaction ID: B-E-10092 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 300 1st Street SE | | Amount of Each Disbursement this Period 475.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003-1801 | Purpose of Disbursement Fundraising: Fundraising Catering Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 003 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. City National Bank T.T. & L. | | Transaction ID: B-E-10051 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6 |
| Mailing Address PO Box 3052 | | Amount of Each Disbursement this Period 435.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Milwaukee State WI Zip Code 53201-3052 | Purpose of Disbursement Payroll Tax Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. City National Bank T.T. & L. | | Transaction ID: B-E-10150 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 3052 | | Amount of Each Disbursement this Period 435.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Milwaukee State WI Zip Code 53201-3052 | Purpose of Disbursement Payroll Tax Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1345.98 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 47

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. City National Bank Visa | | Transaction ID: B-E-10094 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 3052 | | Amount of Each Disbursement this Period 3288.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Milwaukee State WI Zip Code 53201-3052 | Purpose of Disbursement See Memo Items, office supply Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. CompleteCampaigns.com | | Transaction ID: B-E-10093 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 610 Gateway Center Way Suite K | | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City San Diego State CA Zip Code 92102-4548 | Purpose of Disbursement Online Filing System Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. CompleteCampaigns.com | | Transaction ID: B-E-10120 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 |
| Mailing Address 610 Gateway Center Way Suite K | | Amount of Each Disbursement this Period 370.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City San Diego State CA Zip Code 92102-4548 | Purpose of Disbursement Fundraising: Credit card processing fee Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ►

4158.83

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. CompleteCampaigns.com | | Transaction ID: B-E-10161 Date of Disbursement 05 / 11 / 2006 |
| Mailing Address 610 Gateway Center Way Suite K | | Amount of Each Disbursement this Period 150.00 |
| City San Diego State CA Zip Code 92102-4548 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fundraising: Credit Card Processing Fee Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. CompleteCampaigns.com | | Transaction ID: B-E-10162 Date of Disbursement 05 / 16 / 2006 |
| Mailing Address 610 Gateway Center Way Suite K | | Amount of Each Disbursement this Period 155.00 |
| City San Diego State CA Zip Code 92102-4548 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fundraising: credit card processing fee Candidate Name | | 003 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. EMPLOYMENT DEVELOPMENT DEPARTMENT | | Transaction ID: B-E-10052 Date of Disbursement 04 / 11 / 2006 |
| Mailing Address PO Box 85461 | | Amount of Each Disbursement this Period 39.62 |
| City San Diego State CA Zip Code 92186-5461 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Tax Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 344.62 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. EMPLOYMENT DEVELOPMENT DEPARTMENT | | Transaction ID: B-E-10101 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 85461 | | Amount of Each Disbursement this Period 105.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City San Diego State CA Zip Code 92186-5461 | Purpose of Disbursement Payroll Tax Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. EMPLOYMENT DEVELOPMENT DEPARTMENT | | Transaction ID: B-E-10149 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 85461 | | Amount of Each Disbursement this Period 39.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City San Diego State CA Zip Code 92186-5461 | Purpose of Disbursement Payroll Tax Candidate Name Category/Type: 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Epiphany Productions | | Transaction ID: B-E-10055 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6 |
| Mailing Address 104 East Hume Avenue | | Amount of Each Disbursement this Period 4139.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22301 | Purpose of Disbursement Fundraising: Fundraising Management Candidate Name Category/Type: 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4284.53 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Epiphany Productions | | Transaction ID: B-E-10141 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address 104 East Hume Avenue | | Amount of Each Disbursement this Period 3513.80 |
| City Alexandria State VA Zip Code 22301 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fundraising: Fundraising Management Candidate Name | | Category/Type 003 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. FEDERAL EXPRESS | | Transaction ID: B-E-10146 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 1140 | | Amount of Each Disbursement this Period 16.16 |
| City Memphis State TN Zip Code 38101-1140 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Administrative/Salary/Overhead: Shipping Candidate Name | | Category/Type 001 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. FEDERAL EXPRESS | | Transaction ID: B-E-10151 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 1140 | | Amount of Each Disbursement this Period 61.55 |
| City Memphis State TN Zip Code 38101-1140 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Administrative/Salary/Overhead: Shipping Candidate Name | | Category/Type 001 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3591.51 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. FLOWERLOFT | | Transaction ID: B-E-10144 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address 3625 Main Street | | Amount of Each Disbursement this Period 1131.38 |
| City Riverside State CA Zip Code 92501-2838 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fundraising Event Decorations Candidate Name | Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Interland | | Transaction ID: B-S-122 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 406980 | | Amount of Each Disbursement this Period 550.80 |
| City Atlanta State GA Zip Code 30384-6980 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Website hosting Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Subitemization of City National Bank Visa(04/25/06) |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Loews Miami Beach Hotel | | Transaction ID: B-S-121 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 1601 Collins Avenue | | Amount of Each Disbursement this Period 792.27 |
| City Miami Beach State FL Zip Code 33139-3112 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Travel: Campaign Event Lodging Candidate Name | Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Subitemization of City National Bank Visa(04/25/06) |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1131.38 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lucky Rental Properties | | Transaction ID: B-E-10089 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 70391 | | Amount of Each Disbursement this Period 798.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Riverside State CA Zip Code 92513-0391 | Purpose of Disbursement Monthly Office Rent Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Riverside Public Utilities | | Transaction ID: B-E-10096 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 3900 Main Street | | Amount of Each Disbursement this Period 70.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Riverside State CA Zip Code 92522-0001 | Purpose of Disbursement Utility Expenses Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. State Compensation Insurance Fund | | Transaction ID: B-E-10100 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 7854 | | Amount of Each Disbursement this Period 305.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City San Francisco State CA Zip Code 94120-7854 | Purpose of Disbursement Workers Comp. Insurance Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1174.41 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 47

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Teaman, Ramirez & Smith, Inc. | | Transaction ID: B-E-10053 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6 |
| Mailing Address 4201 Brockton Avenue Suite 100 | | Amount of Each Disbursement this Period 811.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Riverside State CA Zip Code 92501-3431 | | |
| Purpose of Disbursement Accounting Services | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Teaman, Ramirez & Smith, Inc. | | Transaction ID: B-E-10142 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address 4201 Brockton Avenue Suite 100 | | Amount of Each Disbursement this Period 329.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Riverside State CA Zip Code 92501-3431 | | |
| Purpose of Disbursement Accounting Services | Candidate Name | 001 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. The Famous Steakhouse | | Transaction ID: B-S-123 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 31 N Tejon Street | | Amount of Each Disbursement this Period 467.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Colorado Springs State CO Zip Code 80903-1523 | | |
| Purpose of Disbursement Aerospace Planning Dinner | Candidate Name | 007 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] Subitemization of City Na- tional Bank Visa(04/25/06) |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1141.77 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. THE MISSION INN | | Transaction ID: B-E-10102 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 3649 SEVENTH STREET | | Amount of Each Disbursement this Period 6756.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City RIVERSIDE State CA Zip Code 92502 | Purpose of Disbursement Fundraising: Event Catering Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 003 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon | | Transaction ID: B-E-10054 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6 |
| Mailing Address PO Box 17577 | | Amount of Each Disbursement this Period 26.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Baltimore State MD Zip Code 21297-0513 | Purpose of Disbursement Telephone Charges Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type 001 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. VSAPAC | | Transaction ID: B-I-10140 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 |
| Mailing Address 101 Constitution Ave. N.W. Suite 600 West | | Amount of Each Disbursement this Period 1430.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20001 | Purpose of Disbursement Inkind: In Kind catering & room rental Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 8214.17 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input 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)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ms. Sandra S Butler | | Transaction ID: B-E-10057 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6 |
| Mailing Address 1140 W Blaine Street Apt. 101 | | Amount of Each Disbursement this Period 619.51 |
| City Riverside State CA Zip Code 92507-7673 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ms. Sandra S Butler | | Transaction ID: B-E-10091 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 1140 W Blaine Street Apt. 101 | | Amount of Each Disbursement this Period 619.51 |
| City Riverside State CA Zip Code 92507-7673 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Ms. Sandra S Butler | | Transaction ID: B-E-10152 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 |
| Mailing Address 1140 W Blaine Street Apt. 101 | | Amount of Each Disbursement this Period 620.41 |
| City Riverside State CA Zip Code 92507-7673 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name | | 001 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1859.43 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input 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)
KEN CALVERT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joe Harding

Mailing Address 8996 Alabama St.

City Riverside State CA Zip Code 92503

Purpose of Disbursement Administrative/Salary/Overhead: Payroll

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: B-E-10090

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 5 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

| |
|-------|
| 91.55 |
|-------|

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

001
Category/
Type

B. Full Name (Last, First, Middle Initial)
Mrs. Sue A Rawlings

Mailing Address PO Box 2558

City Riverside State CA Zip Code 92516-2558

Purpose of Disbursement Administrative Fee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: B-E-10088

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 5 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

| |
|--------|
| 600.00 |
|--------|

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

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

691.55

TOTAL This Period (last page this line number only)

40235.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Mr. Richard S Alden | | Transaction ID: B-E-10189 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 |
| Mailing Address 5965 Speyside Road | | Amount of Each Disbursement this Period 150.00 |
| City Riverside State CA Zip Code 92507-8475 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Refund for excess donation | Candidate Name | 010 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Dennis Troesh | | Transaction ID: B-E-10188 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 |
| Mailing Address 200 S Main Street Suite 200 | | Amount of Each Disbursement this Period 2000.00 |
| City Corona State CA Zip Code 92882-2212 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Refund for excess dontr | Candidate Name | 010 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ►

2150.00

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

2150.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
KEN CALVERT FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Friends of Pat Bates-2006 | | Transaction ID: B-E-10103 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 31631 Sea Shadows Way | | Amount of Each Disbursement this Period 1000.00 |
| City Laguna Niguel State CA Zip Code 92677-5433 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 (For State/Local Candidate Support) | |
| Purpose of Disbursement OC Supervisor Candidate-excess Candidate Name Patricia Bates | | 011 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Inland Empire Scholarship Fund | | Transaction ID: B-E-10104 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 |
| Mailing Address 1340 Cahuilla Street | | Amount of Each Disbursement this Period 1000.00 |
| City Colton State CA Zip Code 92324-4708 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Charitable cont.- Excss Camp. Candidate Name | | 012 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 47 / 47 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
 KEN CALVERT FOR CONGRESS

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Callaway Vineyard & Winery | Nature of Debt (Purpose): Fundraiser-Dinner |
| Mailing Address 32720 Rancho California Road | |
| City State ZIP Code Temecula CA 92591-4925 | |

| | | |
|---|--------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID: SD10-DEBT7438 | |
| 2370.50 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 2370.50 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | 2370.50 |
| 2) TOTALS This Period (last page this line number only)..... | 2370.50 |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |