

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Wally Herger For Congress Committee

ADDRESS (number and street) P.O. Box 1500
 Check if different than previously reported. (ACC)
Chico CA 95927

2. **FEC IDENTIFICATION NUMBER** C00202523
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CA 2

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 01 01 2007 through 03 31 2007

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

Signature of Treasurer Electronically Filed by Kelly Lawler Date 04 12 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Wally Herger For Congress Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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)).....	55310.00	56530.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	55310.00	56430.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	31221.74	53492.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	200.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31221.74	53292.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	546636.37	
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).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 Wally Herger For Congress Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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).....

17700.00

18700.00

(ii) Unitemized.....

110.00

330.00

(iii) TOTAL of contributions

17810.00

19030.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

37500.00

37500.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

55310.00

56530.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

200.00

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

4604.30

6971.17

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

59914.30

63701.17

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31221.74	53492.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS.....	38714.00	38854.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	69935.74	92446.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	556657.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	59914.30
25. SUBTOTAL (add Line 23 and Line 24).....	616572.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69935.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	546636.37

**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 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

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

Mailing Address 77 Ellsworth Street

City San Francisco State CA Zip Code 94110-0000

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

Name of Employer Legal Match Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 7

Transaction ID: 70405.C50835

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1999 Harrison Street, #655

City Oakland State CA Zip Code 94612

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

Name of Employer Albers Enterprises Occupation Real Estate Investments

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 7

Transaction ID: 70405.C50836

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Reverge Anselmo

Mailing Address 28740 Inwood Road

City Shingletown State CA Zip Code 96088-9688

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

Name of Employer Seven Hills Land & Cattle Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 7

Transaction ID: 70316.C50811

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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 / 51
	<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)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
Isaac Applbaum

Mailing Address 837 Longridge Road

City State Zip Code
Oakland CA 94610-0000

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

Name of Employer Information Requested Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 7

Transaction ID: 70405.C50837

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Carole Chaiken

Mailing Address 1177 Estates Drive

City State Zip Code
Lafayette CA 94549-0000

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

Name of Employer Homemaker Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 7

Transaction ID: 70405.C50838

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Donna Clark

Mailing Address 631 Daniel Drive

City State Zip Code
Yuba City CA 95993-0000

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

Name of Employer R&D Foods, Inc Occupation
Business Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 7

Transaction ID: 70316.C50822

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3050.00**

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 7 / 51
	<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)
Wally Herger For Congress Committee

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

Mailing Address 631 Daniel Drive

City State Zip Code
Yuba City CA 95993-0000

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

Name of Employer Occupation
Carls Jr. Franchise Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2007

Transaction ID: 70316.C50821

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 19475 Riesling Court

City State Zip Code
Saratoga CA 95070-0000

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

Name of Employer Occupation
Self-Employed Investment Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2007

Transaction ID: 70405.C50839

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Jeff Farber

Mailing Address 83 Paseo Mirasol

City State Zip Code
Belvedere Tiburon CA 94920-0000

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

Name of Employer Occupation
Self-Employed Investment Advisor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2007

Transaction ID: 70405.C50840

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3300.00**

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 / 51
	<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)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
Dianne Franklin

Mailing Address P.O. Box 1303

City State Zip Code
Bella Vista CA 96008-0000

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

Name of Employer Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2007

Transaction ID: 70316.C50816

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Barbara Fruitman

Mailing Address 322 1st Street

City State Zip Code
Marysville CA 95901-0000

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

Name of Employer Occupation
Fruitman Law Office Office Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2007

Transaction ID: 70405.C50841

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 125 University Avenue

City State Zip Code
Berkeley CA 94710-0000

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

Name of Employer Occupation
Zorro Productions TV & Film Producer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2007

Transaction ID: 70405.C50843

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 51
	<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)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
Daniel Ginsburg

Mailing Address 1210 Massachusetts Avenue, NW #130

City State Zip Code
Washington DC 20005-4501

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

Name of Employer Occupation
Self-Employed Vintner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2007

Transaction ID: 70405.C50844

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Marissa Halbrecht

Mailing Address 1900 Vallejo Street, #504

City State Zip Code
San Francisco CA 94123-7911

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

Name of Employer Occupation
Student

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2007

Transaction ID: 70405.C50845

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Jerry Haleva

Mailing Address 7762 Winding Way

City State Zip Code
Fair Oaks CA 95628-5735

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

Name of Employer Occupation
Political Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2007

Transaction ID: 70405.C50846

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 51
	<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)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
Moses Libitzky

Mailing Address 190 Sandrinham Road

City State Zip Code
Piedmont CA 94611-0000

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

Name of Employer Self-Employed Occupation
Investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2007

Transaction ID: 70412.C50883

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Moses Libitzky

Mailing Address 190 Sandrinham Road

City State Zip Code
Piedmont CA 94611-0000

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

Name of Employer Self-Employed Occupation
Investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2007

Transaction ID: 70412.C5088358

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Libitzky Holdings, LP

Mailing Address 1475 Powell Street, #201

City State Zip Code
Emeryville CA 94608-0000

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

Name of Employer Partnership Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2007

Transaction ID: 70405.C50847

Amount of Each Receipt this Period
500.00

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

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

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 / 51
	<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)
Wally Herger For Congress Committee

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

Mailing Address 44 Montgomery St., Suite 920

City San Francisco State CA Zip Code 94104

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

Name of Employer Self-Employed
Occupation Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 7

Transaction ID: 70405.C50848

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1212 Gatewood Drive

City Alexandria State VA Zip Code 22307-0000

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

Name of Employer Credit Union Natl Assn
Occupation Sr. VP Legislative Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 7

Transaction ID: 70316.C50823

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Garry Rayant

Mailing Address 1902 Green Street

City San Francisco State CA Zip Code 94123-4811

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

Name of Employer Self-Employed
Occupation Perodontist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 7

Transaction ID: 70405.C50850

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3050.00
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 / 51
	<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)
Wally Herger For Congress Committee

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

Mailing Address 955 Green Street, #5

City San Francisco State CA Zip Code 94133-0000

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 7

Transaction ID: 70405.C50849

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 305 Canterbury Court

City Alamo State CA Zip Code 94507-1748

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

Name of Employer Occupation Financial Advisor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 7

Transaction ID: 70405.C50851

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jennifer Schneidemann

Mailing Address 1850 Gough Street, #201

City San Francisco State CA Zip Code 94109-3343

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

Name of Employer Occupation Financial Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 7

Transaction ID: 70405.C50852

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **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:	PAGE 13 / 51
	(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)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
Eta Somekh

Mailing Address 25625 Moody Road

City State Zip Code
Los Altos CA 94022-0000

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

Name of Employer Self-Employed Occupation
Artist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2007

Transaction ID: 70405.C50853

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 99 Mt. Tiburon Road

City State Zip Code
Belvedere Tiburon CA 94920-1511

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

Name of Employer Self-Employed Occupation
Entrepreneur

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2007

Transaction ID: 70405.C50854

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	17700.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 51
	(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)
Wally Herger For Congress Committee

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

Mailing Address 1932 Wynnton Road

City State Zip Code
Columbus GA 31999-0000

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

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 70405.C50872

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
American Bankers Assn PAC

Mailing Address 1120 Connecticut Avenue, NW

City State Zip Code
Washington DC 20036-0000

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

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2007

Transaction ID: 70316.C50819

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Cncl of Engineering Companies

Mailing Address 1015 15TH Street, NW, 8th Floor

City State Zip Code
Washington DC 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2007

Transaction ID: 70405.C50830

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 51
	<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)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
American College of Radiology Assn PAC

Mailing Address 1891 Preston White Drive

City State Zip Code
Reston VA 20191-0000

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2007

Transaction ID: 70405.C50834

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Maritime Officers Voluntary PAC

Mailing Address 2 W. Dixie Highway

City State Zip Code
Dania FL 33004-0000

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2007

Transaction ID: 70316.C50820

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Society Assn of Executives PAC

Mailing Address 1575 I Street, NW

City State Zip Code
Washington DC 20005-1168

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 70405.C50863

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 51
	(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)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
American Supply Assn PAC

Mailing Address 222 Merchandise Mart Plaza

City State Zip Code
Chicago IL 60654-0000

FEC ID number of contributing federal political committee. **C** C00166074

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2007

Transaction ID: 70405.C50874

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1219 28th Street, NW

City State Zip Code
Washington DC 20007-0000

FEC ID number of contributing federal political committee. **C** C00118208

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 70405.C50860

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Associated Builders & Contractors PAC

Mailing Address 1127 11th street ste 544

City State Zip Code
Sacramento CA 95814-0000

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 70405.C50858

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	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: (check only one)	PAGE 17 / 51
	<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)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
Associated General Contractors PAC

Mailing Address 333 John Carlyle Street, #200

City State Zip Code
Alexandria VA 22314-0000

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 70405.C50873

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
AT&T, Inc. Federal PAC

Mailing Address 175 E. Houston, Room 7-A-50

City State Zip Code
San Antonio TX 78205-0000

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 70405.C50868

Amount of Each Receipt this Period
3000.00

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

C. Full Name (Last, First, Middle Initial)
CH2M Hill PAC

Mailing Address 9191 S. Jamaica Street

City State Zip Code
Englewood CO 80112-0000

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 70405.C50866

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 51
	<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)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
Comm. for Advancement of Cotton

Mailing Address P. O. Box 12292

City State Zip Code
Memphis TN 38182-0000

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: 70405.C50831

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Employees of Northrop Grumman PAC

Mailing Address 1840 Century Park East

City State Zip Code
Los Angeles CA 90067-0000

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation
Qualified Multicandidate Comm.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 70405.C50871

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Genworth Financial, Inc. PAC

Mailing Address 6620 W. Broad Street

City State Zip Code
Richmond VA 23230-0000

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation
Qualified Multicandidate Comm.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: 70405.C50832

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 51
	(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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Health Net, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7	
Mailing Address 455 Capitol Mall, #801		Transaction ID: 70316.C50815	
City State Zip Code Sacramento CA 95814-0000		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00230789		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multicandidate Comm. Occupation			
Receipt For: 2008 <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. Investment Company Institute PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 1401 H Street, NW, #1200		Transaction ID: 70405.C50869	
City State Zip Code Washington DC 20050-0000		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00105981		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multicandidate Comm. Occupation			
Receipt For: 2008 <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. John Deere PAC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address One John Deere Place		Transaction ID: 70316.C50818	
City State Zip Code Moline IL 61265-0000		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00204099		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multicandidate Comm. Occupation			
Receipt For: 2008 <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) ▶	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 20 / 51
	(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)
Wally Herger For Congress Committee

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

Mailing Address 1585 Broadway, 39th Floor

City State Zip Code
New York NY 10036-0000

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

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 70405.C50865

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Natl Assn of Federal Credit Unions PAC

Mailing Address 3138 N. 10th Street

City State Zip Code
Arlington VA 22201-0000

FEC ID number of contributing federal political committee. **C** C00040659

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 70405.C50867

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Natl Roofing Contractors Assn PAC

Mailing Address 324 Fourth Street, NE

City State Zip Code
Washington DC 20002-0000

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 70405.C50862

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
National Utility Contractors Assn. PAC

Mailing Address 4301 Fairfax Drive, #360

City State Zip Code
Arlington VA 22203-1627

FEC ID number of contributing federal political committee. **C** C00004101

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2007

Transaction ID: 70405.C50875

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
New York Life PAC

Mailing Address 51 Madison Avenue

City State Zip Code
New York NY 10010-0000

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 12 / 2007

Transaction ID: 70316.C50824

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Pacific Life Insurance PAC

Mailing Address 700 Newport Center Drive

City State Zip Code
Newport Beach CA 92660-0000

FEC ID number of contributing federal political committee. **C** C00068528

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 19 / 2007

Transaction ID: 70405.C50833

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 51
	(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

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

NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
PG&E Corporation Energy PAC

Mailing Address 77 Beale Street

City State Zip Code
San Francisco CA 94106-0000

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 70405.C50859

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Plumbing Heating Cooling Contractors PAC

Mailing Address 180 S. Washington Street

City State Zip Code
Falls Church VA 22046-0000

FEC ID number of contributing federal political committee. **C** C00157875

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 04 / 2007

Transaction ID: 70119.C50808

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Plumbing Heating Cooling Contractors PAC

Mailing Address 180 S. Washington Street

City State Zip Code
Falls Church VA 22046-0000

FEC ID number of contributing federal political committee. **C** C00157875

Name of Employer Qualified Multicandidate Comm.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2007

Transaction ID: 70405.C50861

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 51
	<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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Raytheon PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 12 / 2007	
Mailing Address 1100 Wilson Blvd., #1500		Transaction ID: 70316.C50825	
City State Zip Code Arlington VA 22209-2297		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00097568		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multicandidate Comm. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Union Pacific Fund For Effective Govt		Date of Receipt M M / D D / Y Y Y Y Y 03 / 29 / 2007	
Mailing Address 600 Thirteenth Street, NW, #340		Transaction ID: 70405.C50870	
City State Zip Code Washington DC 20005-0000		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00010470		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multicandidate Comm. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Wal-Mart Stores, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address 702 SW 8th Street		Transaction ID: 70405.C50876	
City State Zip Code Bentonville AR 72716-0150		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00093054		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multicandidate Comm. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	37500.00

**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 24 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Redding Bank of Commerce Mailing Address 1177 Placer Street		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 Transaction ID: 70119.C50801
City State Zip Code Redding CA 96001-0000		Amount of Each Receipt this Period 489.48
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) NOTE: Interest
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 961.50	

Full Name (Last, First, Middle Initial) B. Redding Bank of Commerce Mailing Address 1177 Placer Street		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 7 Transaction ID: 70316.C50813
City State Zip Code Redding CA 96001-0000		Amount of Each Receipt this Period 491.27
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) NOTE: Interest
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1452.77	

Full Name (Last, First, Middle Initial) C. Redding Bank of Commerce Mailing Address 1177 Placer Street		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 7 Transaction ID: 70405.C50877
City State Zip Code Redding CA 96001-0000		Amount of Each Receipt this Period 445.34
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) NOTE: Interest
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1898.11	

SUBTOTAL of Receipts This Page (optional) ▶	1426.09
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 25 / 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
Tri Counties Bank

Mailing Address 2171 Pillsbury Road

City State Zip Code
Chico CA 95926-0000

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2508.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	7

Transaction ID: 70405.C50880

Amount of Each Receipt this Period
2508.88

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

NOTE: Interest

B. Full Name (Last, First, Middle Initial)
Washington Mutual

Mailing Address 35 Main Street

City State Zip Code
Chico CA 95926-0000

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
723.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	7

Transaction ID: 70316.C50814

Amount of Each Receipt this Period
257.06

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

NOTE: Interest

C. Full Name (Last, First, Middle Initial)
Washington Mutual

Mailing Address 35 Main Street

City State Zip Code
Chico CA 95926-0000

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
925.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	4	/	2	0	0	7

Transaction ID: 70405.C50857

Amount of Each Receipt this Period
201.11

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

NOTE: Interest

SUBTOTAL of Receipts This Page (optional) ► **2967.05**

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 26 / 51	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

A. Full Name (Last, First, Middle Initial)
Washington Mutual

Mailing Address 35 Main Street

City State Zip Code
Chico CA 95926-0000

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1090.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	7

Transaction ID: 70405.C50856

Amount of Each Receipt this Period
165.02

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

NOTE: Interest

SUBTOTAL of Receipts This Page (optional)	▶	165.02
TOTAL This Period (last page this line number only)	▶	4558.16

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 27 / 51

<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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: 70119.E9916 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address Payment Center		Amount of Each Disbursement this Period 32.40
City Sacramento	State Zip Code CA 95887-0000	
Purpose of Disbursement TELEPHONE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: 70119.E9917 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address Payment Center		Amount of Each Disbursement this Period 26.40
City Sacramento	State Zip Code CA 95887-0000	
Purpose of Disbursement TELEPHONE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: 70119.E9906 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address Payment Center		Amount of Each Disbursement this Period 30.06
City Sacramento	State Zip Code CA 95887-0000	
Purpose of Disbursement TELEPHONE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

88.86

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)
Wally Herger For Congress Committee

A. AT&T Full Name (Last, First, Middle Initial) Mailing Address Payment Center City State Zip Code Sacramento CA 95887-0000 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 70316.E9949 Date of Disbursement <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> Amount of Each Disbursement this Period <input type="text" value="25.76"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
--	--	---

B. AT&T Full Name (Last, First, Middle Initial) Mailing Address Payment Center City State Zip Code Sacramento CA 95887-0000 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 70316.E9971 Date of Disbursement <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> Amount of Each Disbursement this Period <input type="text" value="26.65"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
--	--	---

C. AT&T Full Name (Last, First, Middle Initial) Mailing Address Payment Center City State Zip Code Sacramento CA 95887-0000 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House Disbursement For: <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: 70316.E9970 Date of Disbursement <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> Amount of Each Disbursement this Period <input type="text" value="41.47"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
--	--	---

SUBTOTAL of Disbursements This Page (optional)

93.88

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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: 70316.E9999 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address Payment Center		Amount of Each Disbursement this Period 42.64
City Sacramento	State Zip Code CA 95887-0000	
Purpose of Disbursement TELEPHONE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: 70316.E10011 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address Payment Center		Amount of Each Disbursement this Period 60.57
City Sacramento	State Zip Code CA 95887-0000	
Purpose of Disbursement TELEPHONE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: 70316.E10012 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address Payment Center		Amount of Each Disbursement this Period 28.70
City Sacramento	State Zip Code CA 95887-0000	
Purpose of Disbursement TELEPHONE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	131.91
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 51

<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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: 70405.E10037 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address Payment Center		Amount of Each Disbursement this Period 33.79
City Sacramento	State CA	
Purpose of Disbursement TELEPHONE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	TELEPHONE	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 70316.E9990 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 375.00
City Washington	State DC	
Purpose of Disbursement ANNUAL DUES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	ANNUAL DUES	

Full Name (Last, First, Middle Initial) C. Cedar Creek Mail Prep		Transaction ID: 70316.E9981 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 5921 Clark Road, Suite D		Amount of Each Disbursement this Period 839.05
City Paradise	State CA	
Purpose of Disbursement POSTCARD PRINTING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	POSTCARD PRINTING	

SUBTOTAL of Disbursements This Page (optional) ▶	1247.84
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 31 / 51

<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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Cedar Creek Mail Prep		Transaction ID: 70316.E9982 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 5921 Clark Road, Suite D		Amount of Each Disbursement this Period 729.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Paradise State CA Zip Code 95969-	Purpose of Disbursement POSTAGE: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE: SEE BELOW

Full Name (Last, First, Middle Initial) B. USPO		Transaction ID: 70316.E9984 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 6469 Clark Road		Amount of Each Disbursement this Period 729.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Paradise State CA Zip Code 95969-0000	Purpose of Disbursement POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE

Full Name (Last, First, Middle Initial) C. Cedar Creek Mail Prep		Transaction ID: 70316.E9979 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 5921 Clark Road, Suite D		Amount of Each Disbursement this Period 3366.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Paradise State CA Zip Code 95969-	Purpose of Disbursement FUNDRAISER LETTER PRINTING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISER LETTER PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	4095.16
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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Cedar Creek Mail Prep		Transaction ID: 70316.E9980 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 5921 Clark Road, Suite D		Amount of Each Disbursement this Period 729.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Paradise State CA Zip Code 95969-	Category/Type	
Purpose of Disbursement POSTAGE: SEE BELOW		POSTAGE: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. USPO		Transaction ID: 70316.E9983 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 6469 Clark Road		Amount of Each Disbursement this Period 729.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Paradise State CA Zip Code 95969-0000	Category/Type	
Purpose of Disbursement POSTAGE		[MEMO ITEM] MEMO: POSTAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 70119.E9908 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 60017		Amount of Each Disbursement this Period 46.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90060-0017	Category/Type	
Purpose of Disbursement CELLULAR PHONE		CELLULAR PHONE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	775.40
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 70316.E9997 Date of Disbursement 03 / 01 / 2007	
Mailing Address P.O. Box 60017		Amount of Each Disbursement this Period 82.05	
City Los Angeles	State CA	Zip Code 90060-0017	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CELLULAR PHONE		Category/ Type	
Candidate Name		CELLULAR PHONE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 70405.E10038 Date of Disbursement 03 / 29 / 2007	
Mailing Address P.O. Box 60017		Amount of Each Disbursement this Period 40.55	
City Los Angeles	State CA	Zip Code 90060-0017	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CELLULAR PHONE		Category/ Type	
Candidate Name		CELLULAR PHONE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. First National Bank of Omaha		Transaction ID: 70119.E9905 Date of Disbursement 01 / 03 / 2007	
Mailing Address P.O. Box 2818		Amount of Each Disbursement this Period 360.75	
City Omaha	State NE	Zip Code 68103-2814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		Category/ Type	
Candidate Name		CREDIT CARD PAYMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional) ▶	483.35
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Misc. Expenses Under \$200		Transaction ID: 70119.E9930 Date of Disbursement 01 / 03 / 2007	
Mailing Address		Amount of Each Disbursement this Period	
City Chico	State CA	Zip Code 95927-0000	60.75
Purpose of Disbursement MISC. CAMPAIGN EXPENSE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPE- NSE
State: District:			

Full Name (Last, First, Middle Initial) B. US House of Representatives Gift Shop		Transaction ID: 70119.E9928 Date of Disbursement 01 / 03 / 2007	
Mailing Address 1036 Longworth House Office Bldg.		Amount of Each Disbursement this Period	
City Washington	State DC	Zip Code 20515-0000	300.00
Purpose of Disbursement CHRISTMAS ORNAMENTS		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: CHRISTMAS ORNAMENTS
State: District:			

Full Name (Last, First, Middle Initial) C. First National Bank of Omaha		Transaction ID: 70316.E9956 Date of Disbursement 02 / 01 / 2007	
Mailing Address P.O. Box 2818		Amount of Each Disbursement this Period	
City Omaha	State NE	Zip Code 68103-2814	473.65
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CREDIT CARD PAYMENT: SEE BELOW
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	473.65
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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. The Old Siam		Transaction ID: 70316.E9977 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 406 8th Street, SE		Amount of Each Disbursement this Period 473.65
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STAFF MEETING	Candidate Name	[MEMO ITEM] MEMO: STAFF MEETING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. First National Bank of Omaha		Transaction ID: 70316.E9955 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 2818		Amount of Each Disbursement this Period 1051.56
City Omaha State NE Zip Code 68103-2814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	Candidate Name	CREDIT CARD PAYMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Congressional Institute		Transaction ID: 70316.E9975 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address 316 Pennsylvania, SE, #403		Amount of Each Disbursement this Period 943.00
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONFERENCE FEES	Candidate Name	[MEMO ITEM] MEMO: CONFERENCE FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1051.56
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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Misc. Expenses Under \$200		Transaction ID: 70316.E9976	
Mailing Address		Date of Disbursement	
City Chico		State CA	Zip Code 95927-0000
Purpose of Disbursement MISC. CAMPAIGN EXPENSES		Amount of Each Disbursement this Period <input type="text" value="108.56"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES	

Full Name (Last, First, Middle Initial) B. First National Bank of Omaha		Transaction ID: 70316.E9985	
Mailing Address P.O. Box 2818		Date of Disbursement	
City Omaha		State NE	Zip Code 68103-2814
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		Amount of Each Disbursement this Period <input type="text" value="15.47"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PAYMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Misc. Expenses Under \$200		Transaction ID: 70316.E9989	
Mailing Address		Date of Disbursement	
City Chico		State CA	Zip Code 95927-0000
Purpose of Disbursement MISC. CAMPAIGN EXPENSES		Amount of Each Disbursement this Period <input type="text" value="15.47"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15.47"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. First National Bank of Omaha		Transaction ID: 70316.E9998 Date of Disbursement 03 / 01 / 2007	
Mailing Address P.O. Box 2818		Amount of Each Disbursement this Period 851.82	
City Omaha State NE Zip Code 68103-2814	Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD PAYMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) B. Albatross		Transaction ID: 70316.E10008 Date of Disbursement 03 / 01 / 2007	
Mailing Address 3312 The Esplanade		Amount of Each Disbursement this Period 491.13	
City Chico State CA Zip Code 95926-0000	Purpose of Disbursement CAMPAIGN MEETING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CAMPAIGN MEETING	

Full Name (Last, First, Middle Initial) C. Misc. Expenses Under \$200		Transaction ID: 70316.E10009 Date of Disbursement 03 / 01 / 2007	
Mailing Address		Amount of Each Disbursement this Period 360.69	
City Chico State CA Zip Code 95927-0000	Purpose of Disbursement MISC. CAMPAIGN EXPENSES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES	

SUBTOTAL of Disbursements This Page (optional) ▶	851.82
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. First National Bank of Omaha		Transaction ID: 70316.E10015 Date of Disbursement 03 / 16 / 2007
Mailing Address P.O. Box 2818		Amount of Each Disbursement this Period 14.95
City Omaha State NE Zip Code 68103-2814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		CREDIT CARD PAYMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Misc. Expenses Under \$200		Transaction ID: 70316.E10017 Date of Disbursement 03 / 16 / 2007
Mailing Address		Amount of Each Disbursement this Period 14.95
City Chico State CA Zip Code 95927-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MISC. CAMPAIGN EXPENSE		[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. First National Bank of Omaha		Transaction ID: 70405.E10030 Date of Disbursement 03 / 27 / 2007
Mailing Address P.O. Box 2818		Amount of Each Disbursement this Period 951.24
City Omaha State NE Zip Code 68103-2814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW		CREDIT CARD PAYMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	966.19
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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: 70405.E10031 Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 801 K Street		Amount of Each Disbursement this Period 645.60	
City Sacramento State CA Zip Code 95814-0000	Purpose of Disbursement AIR TRAVEL		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		[MEMO ITEM] MEMO: AIR TRAVEL	

Full Name (Last, First, Middle Initial) B. Misc. Expenses Under \$200		Transaction ID: 70405.E10036 Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address		Amount of Each Disbursement this Period 305.64	
City Chico State CA Zip Code 95927-0000	Purpose of Disbursement MISC. CAMPAIGN EXPENSES		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES	

Full Name (Last, First, Middle Initial) C. Gilliard, Blanning, Wysocki & Assc, Inc.		Transaction ID: 70119.E9909 Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2007	
Mailing Address 921 11th Street, Suite 400		Amount of Each Disbursement this Period 500.00	
City Sacramento State CA Zip Code 95814-2845	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES		
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		CAMPAIGN SUPPORT SERVICES	

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Gilliard, Blanning, Wysocki & Assc, Inc.		Transaction ID: 70316.E9960 Date of Disbursement MM / DD / YYYY 02 / 06 / 2007	
Mailing Address 921 11th Street, Suite 400		Amount of Each Disbursement this Period 500.00	
City Sacramento State CA Zip Code 95814-2845	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	CAMPAIGN SUPPORT SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gilliard, Blanning, Wysocki & Assc, Inc.		Transaction ID: 70316.E10000 Date of Disbursement MM / DD / YYYY 03 / 01 / 2007	
Mailing Address 921 11th Street, Suite 400		Amount of Each Disbursement this Period 500.00	
City Sacramento State CA Zip Code 95814-2845	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	CAMPAIGN SUPPORT SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JDP Group		Transaction ID: 70119.E9912 Date of Disbursement MM / DD / YYYY 01 / 03 / 2007	
Mailing Address P.O. Box 6324		Amount of Each Disbursement this Period 36.00	
City Oroville State CA Zip Code 95966-1324	Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	REIMBURSE CAMPAIGN EXP: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1036.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial)		Transaction ID: 70119.E9914																					
A. Misc. Expenses Under \$200		Date of Disbursement																					
Mailing Address		<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>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	3		2	0	0	7														
City	State	Zip Code																					
Chico	CA	95927-0000																					
Purpose of Disbursement		Amount of Each Disbursement this Period																					
MISC. CAMPAIGN EXPENSES		<table border="1"> <tr> <td colspan="10">36.00</td> </tr> </table>		36.00																			
36.00																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought:		[MEMO ITEM]																					
<input type="checkbox"/> House	Disbursement For:																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼																						
State:	District:																						
MEMO: MISC. CAMPAIGN EXPENSES																							

Full Name (Last, First, Middle Initial)		Transaction ID: 70119.E9911																					
B. JDP Group		Date of Disbursement																					
Mailing Address P.O. Box 6324		<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>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	3		2	0	0	7														
City	State	Zip Code																					
Oroville	CA	95966-1324																					
Purpose of Disbursement		Amount of Each Disbursement this Period																					
CAMPAIGN SUPPORT SERVICES		<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>		2500.00																			
2500.00																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought:		Disbursement For:																					
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						
CAMPAIGN SUPPORT SERVICES																							

Full Name (Last, First, Middle Initial)		Transaction ID: 70119.E9915																					
C. JDP Group		Date of Disbursement																					
Mailing Address P.O. Box 6324		<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>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	3		2	0	0	7														
City	State	Zip Code																					
Oroville	CA	95966-1324																					
Purpose of Disbursement		Amount of Each Disbursement this Period																					
REIMBURSE MILEAGE		<table border="1"> <tr> <td colspan="10">27.00</td> </tr> </table>		27.00																			
27.00																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought:		Disbursement For:																					
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						
REIMBURSE MILEAGE																							

SUBTOTAL of Disbursements This Page (optional)	2527.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. JDP Group		Transaction ID: 70316.E9951 Date of Disbursement MM / DD / YYYY 02 / 01 / 2007	
Mailing Address P.O. Box 6324		Amount of Each Disbursement this Period 2500.00	
City Oroville State CA Zip Code 95966-1324	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN SUPPORT SERVICES	

Full Name (Last, First, Middle Initial) B. JDP Group		Transaction ID: 70316.E9952 Date of Disbursement MM / DD / YYYY 02 / 01 / 2007	
Mailing Address P.O. Box 6324		Amount of Each Disbursement this Period 47.50	
City Oroville State CA Zip Code 95966-1324	Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE CAMPAIGN EXP: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Misc. Expenses Under \$200		Transaction ID: 70316.E9954 Date of Disbursement MM / DD / YYYY 02 / 01 / 2007	
Mailing Address		Amount of Each Disbursement this Period 47.50	
City Chico State CA Zip Code 95927-0000	Purpose of Disbursement MISC. CAMPAIGN EXPENSES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES	

SUBTOTAL of Disbursements This Page (optional) ▶	2547.50
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. JDP Group		Transaction ID: 70316.E9992 Date of Disbursement MM / DD / YYYY 02 / 26 / 2007	
Mailing Address P.O. Box 6324		Amount of Each Disbursement this Period 139.50	
City Oroville State CA Zip Code 95966-1324	Purpose of Disbursement REIMBURSE MILEAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE MILEAGE	

Full Name (Last, First, Middle Initial) B. JDP Group		Transaction ID: 70316.E9991 Date of Disbursement MM / DD / YYYY 02 / 26 / 2007	
Mailing Address P.O. Box 6324		Amount of Each Disbursement this Period 2500.00	
City Oroville State CA Zip Code 95966-1324	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN SUPPORT SERVICES	

Full Name (Last, First, Middle Initial) C. JDP Group		Transaction ID: 70316.E9993 Date of Disbursement MM / DD / YYYY 02 / 26 / 2007	
Mailing Address P.O. Box 6324		Amount of Each Disbursement this Period 47.50	
City Oroville State CA Zip Code 95966-1324	Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE CAMPAIGN EXP: SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	2687.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial)		Transaction ID: 70316.E9995	
A. Misc. Expenses Under \$200		Date of Disbursement	
Mailing Address		MM / DD / YYYY 02 / 26 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Chico	CA	95927-0000	47.50
Purpose of Disbursement MISC. CAMPAIGN EXPENSE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

[MEMO ITEM]

MEMO: MISC. CAMPAIGN EXPENSE

Full Name (Last, First, Middle Initial)		Transaction ID: 70405.E10040	
B. JDP Group		Date of Disbursement	
Mailing Address P.O. Box 6324		MM / DD / YYYY 03 / 29 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Oroville	CA	95966-1324	51.50
Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

REIMBURSE CAMPAIGN EXP:
SEE BELOW

Full Name (Last, First, Middle Initial)		Transaction ID: 70405.E10042	
C. Misc. Expenses Under \$200		Date of Disbursement	
Mailing Address		MM / DD / YYYY 03 / 29 / 2007	
City	State	Zip Code	Amount of Each Disbursement this Period
Chico	CA	95927-0000	4.00
Purpose of Disbursement MISC. CAMPAIGN EXPENSE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

[MEMO ITEM]

MEMO: MISC. CAMPAIGN EXPENSE

SUBTOTAL of Disbursements This Page (optional)	▶	51.50
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Canyon Drive Self Storage		Transaction ID: 70405.E10041 Date of Disbursement 03 / 29 / 2007
Mailing Address 16 Canyon Drive		Amount of Each Disbursement this Period 47.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oroville State CA Zip Code 95966-0000	Purpose of Disbursement STORAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: STORAGE

Full Name (Last, First, Middle Initial) B. JDP Group		Transaction ID: 70405.E10039 Date of Disbursement 03 / 29 / 2007
Mailing Address P.O. Box 6324		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oroville State CA Zip Code 95966-1324	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN SUPPORT SERVICES

Full Name (Last, First, Middle Initial) C. The KAL Group		Transaction ID: 70119.E9918 Date of Disbursement 01 / 03 / 2007
Mailing Address P.O. Box 984		Amount of Each Disbursement this Period 2056.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Willows State CA Zip Code 95988-	Purpose of Disbursement BOOKKEEPING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOOKKEEPING

SUBTOTAL of Disbursements This Page (optional) ▶	4556.17
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)

<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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. The KAL Group		Transaction ID: 70316.E9958 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 984		Amount of Each Disbursement this Period 759.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Willows State CA Zip Code 95988-	Purpose of Disbursement BOOKKEEPING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOOKKEEPING

Full Name (Last, First, Middle Initial) B. The KAL Group		Transaction ID: 70316.E10001 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 984		Amount of Each Disbursement this Period 3550.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Willows State CA Zip Code 95988-	Purpose of Disbursement SOFTWARE:SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SOFTWARE:SEE BELOW

Full Name (Last, First, Middle Initial) C. Aristotle Software		Transaction ID: 70316.E10002 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 2237 Union Street		Amount of Each Disbursement this Period 3550.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Francisco State CA Zip Code 94123-0000	Purpose of Disbursement SOFTWARE FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: SOFTWARE FEES

SUBTOTAL of Disbursements This Page (optional) ▶	4309.72
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. The KAL Group		Transaction ID: 70316.E10013 Date of Disbursement MM / DD / YYYY 03 / 13 / 2007	
Mailing Address P.O. Box 984		Amount of Each Disbursement this Period 458.30	
City Willows State CA Zip Code 95988-	Purpose of Disbursement BOOKKEEPING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type BOOKKEEPING	

Full Name (Last, First, Middle Initial) B. ONPVG- ID#1277947		Transaction ID: 70119.E9910 Date of Disbursement MM / DD / YYYY 01 / 03 / 2007	
Mailing Address 921 11th Street, #400		Amount of Each Disbursement this Period 250.00	
City Sacramento State CA Zip Code 95814-0000	Purpose of Disbursement SLATE MAILER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type SLATE MAILER	

Full Name (Last, First, Middle Initial) C. Summit West Property Management & Sales		Transaction ID: 70119.E9919 Date of Disbursement MM / DD / YYYY 01 / 04 / 2007	
Mailing Address 377 Connors Court, #E		Amount of Each Disbursement this Period 500.00	
City Chico State CA Zip Code 95926-0000	Purpose of Disbursement RENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type RENT	

SUBTOTAL of Disbursements This Page (optional) ▶	1208.30
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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. Summit West Property Management & Sales		Transaction ID: 70316.E10014 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 377 Connors Court, #E		Amount of Each Disbursement this Period 505.74
City Chico State CA Zip Code 95926-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT & UTILITIES	Category/ Type	RENT & UTILITIES
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70119.E9907 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 9622		Amount of Each Disbursement this Period 64.12
City Mission Hills State CA Zip Code 91346-9622	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE	Category/ Type	CELLULAR PHONE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70316.E9957 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 9622		Amount of Each Disbursement this Period 64.11
City Mission Hills State CA Zip Code 91346-9622	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE	Category/ Type	CELLULAR PHONE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	633.97
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)
Wally Herger For Congress Committee

A. Verizon Wireless

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 9622

City Mission Hills State CA Zip Code 91346-9622

Purpose of Disbursement
CELLULAR PHONE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70316.E9996
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

CELLULAR PHONE

B. Verizon Wireless

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 9622

City Mission Hills State CA Zip Code 91346-9622

Purpose of Disbursement
CELLULAR PHONE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70405.E10029
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

CELLULAR PHONE

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 51

<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)
Wally Herger For Congress Committee

Full Name (Last, First, Middle Initial) A. John Doolittle for Congress		Transaction ID: 70405.E10056 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 411 Sanbury Court		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseville State CA Zip Code 95661-0000		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name JOHN T DOOLITTLE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Heller For Congress		Transaction ID: 70405.E10053 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 7840 Red Leaf Drive		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89131-0000		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name DEAN HELLER		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. House Conservatives Fund		Transaction ID: 70405.E10020 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 324 Second Street, SE		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-0000		
Purpose of Disbursement FEDERAL CONTRIBUTION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wally Herger For Congress Committee

A. Natl Republican Congressional Comm

Full Name (Last, First, Middle Initial)
Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-0000

Purpose of Disbursement
TRANSFER OF EXCESS CAMPAIGN FUNDS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 70316.E9968
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Mr. Jim Ryun For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 826

City Topeka State KS Zip Code 66601-0000

Purpose of Disbursement
FEDERAL CONTRIBUTION

Candidate Name
JIM R RYUN

Office Sought: House Senate President
State: KS District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 70405.E10019
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C. Walberg For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 6769 Teachout Road

City Tipton State MI Zip Code 49287-0000

Purpose of Disbursement
FEDERAL CONTRIBUTION

Candidate Name
TIMOTHY L WALBERG

Office Sought: House Senate President
State: MI District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 70405.E10057
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ►

29000.00

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

38000.00