

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

Myers for Congress 2008 Committee

ADDRESS (number and street) 1 North Illinois Street

Ste 2101

Check if different than previously reported. (ACC)

Indianapolis IN 46204

2. **FEC IDENTIFICATION NUMBER** C00444299

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

IN 07

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 2008 through 03 31 2008

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 Mr. Alan Mills

Signature of Treasurer Electronically Filed by Mr. Alan Mills Date 08 19 2008

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

Myers for Congress 2008 Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | 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))..... | 163319.59 | 163319.59 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 163319.59 | 163319.59 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 691268.30 | 691268.30 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 691268.30 | 691268.30 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 22051.29 | |
| 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)..... | 550000.00 | |

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

Write or Type Committee Name
Myers for Congress 2008 Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| 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)..... | 124874.55 | 124874.55 |
| (ii) Unitemized..... | 11394.74 | 11394.74 |
| (iii) TOTAL of contributions from individuals..... ▶ | 136269.29 | 136269.29 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACS)..... | 12300.00 | 12300.00 |
| (d) The Candidate..... | 14750.30 | 14750.30 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 163319.59 | 163319.59 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 550000.00 | 550000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 550000.00 | 550000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 713319.59 | 713319.59 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 691268.30 | 691268.30 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 691268.30 | 691268.30 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 713319.59 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 713319.59 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 691268.30 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 22051.29 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 112
(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 |

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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Mark Andreessen

Mailing Address P.O. Box 1707

City State Zip Code
Los Altos CA 94023

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

Name of Employer self Occupation
software engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2008

Transaction ID: C4129030

Amount of Each Receipt this Period
2300.00

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

B.

Full Name (Last, First, Middle Initial)
Luis A. Artavia, MD

Mailing Address 394 S Los Robles Ave
Apt 7

City State Zip Code
Pasadena CA 91101-3298

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

Name of Employer CMAP Medical and Dental Health Center Occupation
family physician/ medical director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2008

Transaction ID: C4128971

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Richard S. Baker, MD

Mailing Address 400 S Citrus Ave

City State Zip Code
Los Angeles CA 90036-3537

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

Name of Employer Charles Drew University of Medicine Occupation
Dean of the College of Medicine

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2008

Transaction ID: C3740178

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

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

Mailing Address 6163 Wooster Ave

City State Zip Code
Los Angeles CA 90056-2022

FEC ID number of contributing federal political committee. C

Name of Employer self-employed
Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2008

Transaction ID: C4148507

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Glenn Beard

Mailing Address 826 S Bell Ave

City State Zip Code
Chicago IL 60612-4257

FEC ID number of contributing federal political committee. C

Name of Employer self
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2008

Transaction ID: C4131742

Amount of Each Receipt this Period 250.00

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

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

Mailing Address 333 E. 57th St.
Apt 15A

City State Zip Code
New York NY 10022-2950

FEC ID number of contributing federal political committee. C

Name of Employer Retired
Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2008

Transaction ID: C4137632

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 112 |
| | (check only one) |
| <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"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

| | | | |
|--|---|---------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Lowell J Bennett | | Date of Receipt |
| | Mailing Address 165 Taurus Ave | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 03 / 2008 |
| | City | State | Zip Code |
| | Oakland | CA | 94611 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C4128138 |
| Name of Employer Mellon Capital Management | | Occupation Fixed Income Strategist | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|--------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Peter S. Bing | | Date of Receipt |
| | Mailing Address 9700 West Pico Blvd. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 28 / 2008 |
| | City | State | Zip Code |
| | Los Angeles | CA | 90035 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C3732427 |
| Name of Employer SELF | | Occupation investor | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 2300.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|--------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Henry 'Hank' Bock, MD | | Date of Receipt |
| | Mailing Address 4565 West 16th Street | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 04 / 2008 |
| | City | State | Zip Code |
| | Indianapolis | IN | 46222 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C4129038 |
| Name of Employer Indy Racing League | | Occupation Medical Director | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 3050.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 112

(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Brook H. Byers

Mailing Address 2750 Sand Hill Road

City State Zip Code
Menlo Park CA 94025

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

Name of Employer
Kleiner Perkins Caufield & Byers

Occupation
venture capital

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 / 03 / 2008

Transaction ID: C4129018

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)
Pamela S. Calloway

Mailing Address 321 Creighton Way

City State Zip Code
Oakland CA 94619-2364

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

Name of Employer
City of Oakland, Mayor's office

Occupation
attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: C4129014

Amount of Each Receipt this Period

750.00

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

C.

Full Name (Last, First, Middle Initial)
Lorenzo Childress, Jr

Mailing Address 920 Kings Cross

City State Zip Code
Virginia Beach VA 23452

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

Name of Employer
retired

Occupation
physician executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: C4135437

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 112
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Joshua L Christie

Mailing Address 5030 Central Ave

City Indianapolis State IN Zip Code 46205-1058

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

Name of Employer Indiana University Occupation Teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2008

Transaction ID: C4135151

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Linda Hawes Clever, MD

Mailing Address 2340 Clay St., Suite 106

City San Francisco State CA Zip Code 94115

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

Name of Employer RENEW Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 03 / 03 / 2008

Transaction ID: C4129015

Amount of Each Receipt this Period 350.00

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

C. Full Name (Last, First, Middle Initial)
Philip H. Coelho

Mailing Address 1550 12th Avenue

City sacramento State CA Zip Code 95818

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

Name of Employer PHC Medical, Inc. Occupation President & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2008

Transaction ID: C4130200

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 112
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Fred Cohen, M.D. Ph.D.

Mailing Address 345 California Street, Suite 3300

City State Zip Code
San Francisco CA 94104

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

Name of Employer Occupation
Texas Pacific Group (TPG) Managing Director
Ventures

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2008

Transaction ID: C4131937

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Karen Cole, MD

Mailing Address 4108 Don Luis Drive

City State Zip Code
Los Angeles CA 90008

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

Name of Employer Occupation
Rad-Image Medical Group Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2008

Transaction ID: C3740164

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Molly J. Coye, MD MPH

Mailing Address 236 elsie st

City State Zip Code
san francisco CA 94110

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

Name of Employer Occupation
HealthTech CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2008

Transaction ID: C3700807

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Bruce Cozadd

Mailing Address 2316 Branner Drive

City State Zip Code
Menlo Park CA 94025

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

Name of Employer Occupation
Jazz Pharmaceuticals, Inc. Executive

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

Date of Receipt
MM / DD / YYYY
03 / 02 / 2008

Transaction ID: C3740266

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Clarence Crain

Mailing Address 7815 Oceanline Dr

City State Zip Code
Indianapolis IN 46214

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

Name of Employer Occupation
Lilly Endowment Program Director

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

Date of Receipt
MM / DD / YYYY
03 / 25 / 2008

Transaction ID: C4137228

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Kendall C Crook

Mailing Address 535 West 77th N Drive

City State Zip Code
Indianapolis IN 46260

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

Name of Employer Occupation
Bose McKinney & Evans, LLP attorney

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

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: C4138673

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Micheal E. Darby, MD

Mailing Address 3300 Webster Street, Suite 312

City State Zip Code
Oakland CA 94609

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

Name of Employer: East Bay Center for Digestive Health
Occupation: physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
02 / 20 / 2008

Transaction ID: C3730002

Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Anita DeFrantz

Mailing Address 736 Raymond Ave.

City State Zip Code
Santa Monica CA 90405

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

Name of Employer: LA84 Foundation
Occupation: president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
03 / 26 / 2008

Transaction ID: C4137307

Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Sarah DiBoise

Mailing Address 49 Rosewood Drive

City State Zip Code
Atherton CA 94027

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

Name of Employer: Stanford University
Occupation: Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: MM / DD / YYYY
03 / 05 / 2008

Transaction ID: C4129721

Amount of Each Receipt this Period: 500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 112
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Tom Doherty

Mailing Address Parkwood Crossing 450 East 96th S

City Indianapolis State IN Zip Code 46240

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

Name of Employer Doherty Design Group, LLC Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2008

Transaction ID: C4137235

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Michael V. Drake, MD

Mailing Address 1965 California Ave

City Irvine State CA Zip Code 92617-4082

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

Name of Employer University of California, Irvine Occupation Chancellor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2008

Transaction ID: C3730972

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Thelma Duggin

Mailing Address 7214 Evans Mill Rd

City Mc Lean State VA Zip Code 22101-3420

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

Name of Employer Americhoice Health Services Occupation Exec. VP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2008

Transaction ID: C4131732

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Nyambi Ebie</p> <p>Mailing Address 505 N Lake Shore Dr</p> <p>City State Zip Code Chicago IL 60611</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self Occupation self physician</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt 03 / 08 / 2008</p> <p>Transaction ID: C4131745</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Lisa Egbuonu-Davis</p> <p>Mailing Address 22 Bellegrove Drive</p> <p>City State Zip Code Montclair NJ 07043</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Consultant</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p> | <p>Date of Receipt 02 / 17 / 2008</p> <p>Transaction ID: C3704171</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|--|---|
| <p>C. Full Name (Last, First, Middle Initial) Ronald Elberger</p> <p>Mailing Address 135 N Pennsylvania St 2700 First Indiana Plaza</p> <p>City State Zip Code Indianapolis IN 46204-2400</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Bose McKinney & Evans Occupation attorney</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2300.00</p> | <p>Date of Receipt 02 / 10 / 2008</p> <p>Transaction ID: C3699809</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|--|---|
| 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 112
(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Harvey Fineberg

Mailing Address 1812 Kalorama Square NW

City Washington State DC Zip Code 20008

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

Name of Employer National Academy of Sciences Occupation President, Institute of Medicine

Receipt For: 2008 Election Cycle-to-Date

Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 1000.00

Transaction ID: C3700802

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

B.

Full Name (Last, First, Middle Initial)
Hector Flores, MD

Mailing Address 14378 Terryknoll Dr

City Whittier State CA Zip Code 90604-1252

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

Name of Employer Family Care Specialists Medical Group Occupation Physician

Receipt For: 2008 Election Cycle-to-Date

Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 350.00

Transaction ID: C3730533

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

C.

Full Name (Last, First, Middle Initial)
Hector Flores, MD

Mailing Address 14378 Terryknoll Dr

City Whittier State CA Zip Code 90604-1252

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

Name of Employer Family Care Specialists Medical Group Occupation Physician

Receipt For: 2008 Election Cycle-to-Date

Primary General
 Other (specify) ▼

Amount of Each Receipt this Period 250.00

Transaction ID: C4128973

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

SUBTOTAL of Receipts This Page (optional) ▶ **1350.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Michael Foggs
Mailing Address 2650 N Lakeview Ave
City Chicago State IL Zip Code 60614-1840
FEC ID number of contributing federal political committee. **C**
Name of Employer ADVOCATE HEALTH CARE Occupation Chief of Allergy and Immunology
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 03 / 08 / 2008
Transaction ID: C4131733
Amount of Each Receipt this Period 750.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Victor Freeman
Mailing Address 3921 21st Street NE
City Washington State DC Zip Code 20018
FEC ID number of contributing federal political committee. **C**
Name of Employer Elan Occupation Physician
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 03 / 17 / 2008
Transaction ID: C4133978
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John Freidenrich
Mailing Address 300 Hamilton Ave., 4th Floor
City Palo Alto State CA Zip Code 94301-2573
FEC ID number of contributing federal political committee. **C**
Name of Employer Regis Management Company, LLC Occupation investor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 03 / 03 / 2008
Transaction ID: C4129020
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 112
(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Thomas Geiser

Mailing Address 307 N Bristol Ave

City State Zip Code
Los Angeles CA 90049

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

Name of Employer self-employed Occupation
attorney/consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2008

Transaction ID: C3704615

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Thomas Geiser

Mailing Address 307 N Bristol Ave

City State Zip Code
Los Angeles CA 90049

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

Name of Employer self-employed Occupation
attorney/consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2008

Transaction ID: C3740166

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Jennifer E. Gibbs

Mailing Address 4125 Phoenix St.

City State Zip Code
San Francisco CA 94131

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

Name of Employer American Cancer Society Occupation
Health Professional Account Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2008

Transaction ID: C4129028

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Verna C. Gibbs, MD
Mailing Address 643 28th St
City San Francisco State CA Zip Code 94131-2115
FEC ID number of contributing federal political committee. **C**
Name of Employer UCSF Occupation surgeon
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 250.00
Date of Receipt 03 / 03 / 2008
Transaction ID: C4129011
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Eric Gimon
Mailing Address 2727 Marin Ave
City berkeley State CA Zip Code 94708
FEC ID number of contributing federal political committee. **C**
Name of Employer University of California Occupation Researcher
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 02 / 19 / 2008
Transaction ID: C3704512
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Beth Ginzinger
Mailing Address 4338 Via Cerritos
City Newbury Park State CA Zip Code 91320
FEC ID number of contributing federal political committee. **C**
Name of Employer WellPoint Occupation Healthcare
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00
Date of Receipt 02 / 21 / 2008
Transaction ID: C3730316
Amount of Each Receipt this Period 2300.00
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 112

(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Emily S. Goldberg

Mailing Address 2 Cedar Ln

City State Zip Code
Woodside CA 94062-2504

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

Name of Employer Occupation
none graduate student

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: C4129024

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)
Michael Goldberg

Mailing Address 2 Cedar Lane

City State Zip Code
Woodside CA 94062

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

Name of Employer Occupation
mohr davidow ventures venture capital

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 12 / 2008

Transaction ID: C3700805

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)
John Green

Mailing Address 4055 Pittman Place

City State Zip Code
Indianapolis IN 46254

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

Name of Employer Occupation
self-employed self-employed

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 07 / 2008

Transaction ID: C4130373

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

4850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Carlton L. Guthrie

Mailing Address 5336 S South Shore Dr

City State Zip Code
Chicago IL 60615-5708

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

Name of Employer Detroit Chassis LLC Occupation co-owner

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 | 3 | / | 0 | 8 | / | 2 | 0 | 0 | 8 |

Transaction ID: C4131744

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Neal Halfon

Mailing Address 875 Malcolm Avenue

City State Zip Code
Los Angeles CA 90024

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

Name of Employer UCLA Occupation Physician professor

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 | / | 1 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: C3700806

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Ryun Harper, MD

Mailing Address 6200 Lomitas Dr

City State Zip Code
Los Angeles CA 90042-2055

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

Name of Employer Frontline Emergency Medicine Specialis Occupation Emergency Medicine Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: C3740183

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
George Haywood
Mailing Address 3023 Q Street NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation investor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 03 / 14 / 2008
Transaction ID: C4133753
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kimberly L. Hewlett
Mailing Address 12651 Promontory Rd
City Los Angeles State CA Zip Code 90049-1186
FEC ID number of contributing federal political committee. **C**
Name of Employer Rockefeller Philanthropy Advisors Occupation Assistant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 02 / 10 / 2008
Transaction ID: C3699815
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
iris e. holliday
Mailing Address 3000 Douglasdale Road Richmond
City VA State VA Zip Code 23221
FEC ID number of contributing federal political committee. **C**
Name of Employer Dominion Occupation manager
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 02 / 20 / 2008
Transaction ID: C3730040
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3800.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 112

(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Victoria Holloway Barbosa, MD

Mailing Address 47 W. Polk Street Suite 100-580

City State Zip Code
Chicago IL 60605-2085

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

Name of Employer Occupation
Dermal Insights, Inc. President

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 528.42

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: C4149404

Amount of Each Receipt this Period

528.42

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

* In-Kind: host expenses minus \$1k allowed

B.

Full Name (Last, First, Middle Initial)
Cornelius L. Hopper, MD

Mailing Address 14201 Skyline Blvd.

City State Zip Code
Oakland CA 94619

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

Name of Employer Occupation
retired retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: C4129017

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
Richard C. Hubbard

Mailing Address 1424 Judson Ave

City State Zip Code
Evanston IL 60201

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

Name of Employer Occupation
Pfizer Physician

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2008

Transaction ID: C4131761

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

1778.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Phyllis A. Imel
Mailing Address 3250 W 34th St
City Indianapolis State IN Zip Code 46222-1811
FEC ID number of contributing federal political committee. **C**
Name of Employer Teachers' Treasures Occupation retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 02 / 10 / 2008
Transaction ID: C3699800
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William Jessee
Mailing Address 127 Albion Street
City Denver State CO Zip Code 80220
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Group management Assn. Occupation Physician Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 03 / 14 / 2008
Transaction ID: C4133408
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stephen N. Keith, MD, MSPH
Mailing Address 12615 Fawn Run Ct
City Ellicott City State MD Zip Code 21042-1146
FEC ID number of contributing federal political committee. **C**
Name of Employer Panacea Pharmaceuticals Occupation physician
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 02 / 29 / 2008
Transaction ID: C3740201
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Lydia Kennard

Mailing Address 1930 Mendocino Ln

City State Zip Code
Atadena CA 91001-2812

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

Name of Employer Occupation
KDG Construction Consulting attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2008

Transaction ID: C4129235

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 229 Sycamore Grove St

City State Zip Code
Simi Valley CA 93065-7342

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

Name of Employer Occupation
WellPoint Vice President, Health Information Tec

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

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 29 / 2008

Transaction ID: C3740206

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
James G. Kotsanos, MD MS

Mailing Address 12609 Chyverton Cir

City State Zip Code
Carmel IN 46032-8347

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

Name of Employer Occupation
Lilly Research Laboratories Director, Global Product Safety

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

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 15 / 2008

Transaction ID: C3704082

Amount of Each Receipt this Period
500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 112
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Donna Lata

Mailing Address 5798 Carell Avenue

City State Zip Code
Agoura Hills CA 91301

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

Name of Employer Occupation
N/A Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2008

Transaction ID: C4139287

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Cato Laurencin

Mailing Address 580 Milford Road

City State Zip Code
Earlsville VA 22036

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

Name of Employer Occupation
Surgeon University of Virginia

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2008

Transaction ID: C3700822

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Philip Lee

Mailing Address 101 Alma St
Apt 805

City State Zip Code
Palo Alto CA 94301-1009

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

Name of Employer Occupation
retired physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: C4129007

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Randall J Lewis

Mailing Address 10408 Windemere

City State Zip Code
Carmel IN 46032-8591

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

Name of Employer Wellpoint Occupation Finance Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: C4137234

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 66 Atherton Ave.

City State Zip Code
Atherton CA 94027

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: C3703951

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Randall Livingston

Mailing Address 354 Albion Ave

City State Zip Code
Woodside CA 94062

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

Name of Employer Stanford University Occupation Vice President & CFO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: C3731126

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

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

Mailing Address 18600 Silver Oak Lane
Amador County

City Plymouth State CA Zip Code 95669

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

Name of Employer GHI Occupation Republican Friend of Woody

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2008
Transaction ID: C4137299
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Ted Love

Mailing Address 5 Via Delizia

City San Carlos State CA Zip Code 94010

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

Name of Employer Nuvelo, Inc. Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2008
Transaction ID: C4129494
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Charlotte MacBeth

Mailing Address 1099 N Meridian St
Ste 320

City Indianapolis State IN Zip Code 46204-1038

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

Name of Employer MDwise Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2008
Transaction ID: C3704077
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 112

(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Carl Mankowitz

Mailing Address 302 West 86th Street
Apartment 9B

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
retired physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: C4137792

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
martha marsh

Mailing Address 9769 wexford circle

City State Zip Code
granite bay CA 95746

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

Name of Employer Occupation
stanford hospital and clinic health administration

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: C3700836

Amount of Each Receipt this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)
Emily Marshman

Mailing Address 11260 Harriston Drive

City State Zip Code
Fishers IN 46038

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

Name of Employer Occupation
MG Consulting President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: C3704078

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Ronald McGinnis

Mailing Address 15024 Moorpark Street #6

City Sherman Oaks State CA Zip Code 91403

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

Name of Employer WellPoint Occupation Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2008

Transaction ID: C3730034

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Patrick McNamee

Mailing Address 7241 Forsyth Blvd

City st. louis State MO Zip Code 63105

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

Name of Employer Express Scripts Occupation Exec

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2008

Transaction ID: C4138179

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Pamela Miller

Mailing Address 158 Summit Avenue

City Hackensack State NJ Zip Code 07601

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

Name of Employer Medco Occupation Corporate Executive/Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2008

Transaction ID: C4137300

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 112
(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Candi Miranda

Mailing Address 6919 S Euclid

City State Zip Code
Chicago IL 60649

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

Name of Employer Occupation
IL Institute of Technology Director, Equal Opportunity and Affirm

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2008

Transaction ID: C4131746

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Walter Morris

Mailing Address 11211 Long Pine Trail

City State Zip Code
Potomac MA 20854

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

Name of Employer Occupation
Ernst & Young Financial Services - Litigation Adviso

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2008

Transaction ID: C4131680

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Rufus 'Bud' Myers, Jr

Mailing Address 2620 Central Ave

City State Zip Code
Indianapolis IN 46205

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

Name of Employer Occupation
Indianapolis Housing Agency Executive Director

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 / 11 / 2008

Transaction ID: C3700484

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Luis G. Nogales

Mailing Address 9229 West Sunset Blvd., Suite 900

City State Zip Code
Los Angeles CA 90069

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

Name of Employer: Nogales Investors Management, LLC Occupation: partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 02 / 29 / 2008

Transaction ID: C3740204

Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Tracy Nolan

Mailing Address 11024 ullswater

City State Zip Code
windermere FL 34786

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

Name of Employer: Tgx Medical Systems Occupation: CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 26 / 2008

Transaction ID: C4137294

Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Phil Norman

Mailing Address 2780 Skypark Dr Suite 120

City State Zip Code
Torrance CA 90505

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

Name of Employer: Norman Design Group Occupation: Interior Designer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 03 / 04 / 2008

Transaction ID: C4129006

Amount of Each Receipt this Period: 250.00

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

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 112 |
| | <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)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Felix Nunez

Mailing Address 608 Pasqual Ave.

City San Gabriel State CA Zip Code 91775

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

Name of Employer Community Clinic Assoc. of L.A. County Occupation VP of Clinical Services

Receipt For: 2008 Election Cycle-to-Date Primary General Other (specify) **275.00**

Date of Receipt **02 / 19 / 2008**

Transaction ID: C3704643

Amount of Each Receipt this Period **25.00**

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

B. Full Name (Last, First, Middle Initial)
Felix Nunez

Mailing Address 608 Pasqual Ave.

City San Gabriel State CA Zip Code 91775

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

Name of Employer Community Clinic Assoc. of L.A. County Occupation VP of Clinical Services

Receipt For: 2008 Election Cycle-to-Date Primary General Other (specify) **275.00**

Date of Receipt **02 / 29 / 2008**

Transaction ID: C4128974

Amount of Each Receipt this Period **250.00**

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

C. Full Name (Last, First, Middle Initial)
Samuel R. Nussbaum, MD

Mailing Address 350 North Meridian Street Unit 403

City Indianapolis State IN Zip Code 46204

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

Name of Employer WellPoint Occupation Physician Executive

Receipt For: 2008 Election Cycle-to-Date Primary General Other (specify) **1000.00**

Date of Receipt **02 / 08 / 2008**

Transaction ID: C3699263

Amount of Each Receipt this Period **1000.00**

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

SUBTOTAL of Receipts This Page (optional) **1275.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Denise M. O'Leary

Mailing Address 618 Mountain Home Road

City State Zip Code
Woodside CA 94062

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

Name of Employer self Occupation
self Private Investor

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2008

Transaction ID: C4135430

Amount of Each Receipt this Period
2300.00

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

B.

Full Name (Last, First, Middle Initial)
Danny Parker

Mailing Address 1106 N Marengo Ave

City State Zip Code
Pasadena CA 91103-2603

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

Name of Employer self Occupation
self attorney/consultant

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 29 / 2008

Transaction ID: C3740158

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Roger A. Peeks, MD

Mailing Address 6811 Park Glen Dr

City State Zip Code
Los Angeles CA 90068

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

Name of Employer self Occupation
Valley Community Clinic physician

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 29 / 2008

Transaction ID: C3740208

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
william pinsky

Mailing Address 1525 state st

City State Zip Code
new orleans LA 70118

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

Name of Employer Occupation
Ochsner Health System Physician/Executive

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

Date of Receipt
MM / DD / YYYY
02 / 14 / 2008

Transaction ID: C3701542

Amount of Each Receipt this Period
750.00

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

B. Full Name (Last, First, Middle Initial)
Neil Powe, MPH MBA

Mailing Address 2024 E Monument St Suite 2-600

City State Zip Code
Baltimore MD 21205

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

Name of Employer Occupation
Johns Hopkins Medical Ins-titutions Professor

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

Date of Receipt
MM / DD / YYYY
02 / 15 / 2008

Transaction ID: C3704079

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 6 wintermist

City State Zip Code
irvine CA 92614

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

Name of Employer Occupation
Microsoft Corporation Major Account Manager

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

Date of Receipt
MM / DD / YYYY
03 / 26 / 2008

Transaction ID: C4137295

Amount of Each Receipt this Period
250.00

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

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

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

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

| | |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 112 |
| | (check only one) |
| <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"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Thomas M. Priselac | Date of Receipt MM / DD / YYYY 03 / 14 / 2008 |
| | Mailing Address 2430 26th St | Transaction ID: C4133758 |
| | City State Zip Code Santa Monica CA 90405 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Cedars-Sinai Medical Center President/Chief Executive Officer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) David Pryor, MD MPH | Date of Receipt MM / DD / YYYY 02 / 13 / 2008 |
| | Mailing Address 1683 Calle Rochelle | Transaction ID: C3700810 |
| | City State Zip Code Thousand Oaks CA 91360 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Aetna Medical Director Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) David Pryor, MD MPH | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 1683 Calle Rochelle | Transaction ID: C3740194 |
| | City State Zip Code Thousand Oaks CA 91360 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Aetna Medical Director Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 |

| | |
|--|---------|
| 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Thomas Bernard Quinn

Mailing Address 1122 Monroe Avenue

City State Zip Code
River Forest IL 60305

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

Name of Employer Occupation
Schiff Hardin LLP Attorney

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

Date of Receipt
MM / DD / YYYY
02 / 13 / 2008

Transaction ID: C3700879

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Thomas Bernard Quinn

Mailing Address 1122 Monroe Avenue

City State Zip Code
River Forest IL 60305

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

Name of Employer Occupation
Schiff Hardin LLP Attorney

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

Date of Receipt
MM / DD / YYYY
03 / 08 / 2008

Transaction ID: C4131740

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1648 Spring House Trail

City State Zip Code
Virginia Beach VA 23455

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

Name of Employer Occupation
Amerigroup SVP of Operations

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

Date of Receipt
MM / DD / YYYY
02 / 16 / 2008

Transaction ID: C3704151

Amount of Each Receipt this Period
2300.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 112
(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Tina Raine-Bennett

Mailing Address 165 Taurus Ave

City State Zip Code
Oakland CA 94611

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

Name of Employer Occupation
University of California Associate Professor

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: C4128159

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Myer Rosenthal

Mailing Address 783 Tolman Drive

City State Zip Code
Stanford CA 94305

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

Name of Employer Occupation
Stanford University Professor/Physician

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2008

Transaction ID: C3740262

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Shelly A. Saunders

Mailing Address 418 McDonnel Rd

City State Zip Code
Alameda CA 94502

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

Name of Employer Occupation
Resources Global Professionals Consultant-International Acctg & Finan

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2008

Transaction ID: C4135668

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 112
(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)
Myers for Congress 2008 Committee

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Eugene Sawyer | | Date of Receipt MM / DD / YYYY 02 / 15 / 2008 |
| Mailing Address 321 Lonesome Oak Drive | | Transaction ID: C3704103 |
| City Rochester Hills | State MI | Zip Code 48306 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Concentra Health Services | Occupation Physician | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Leonard D. Schaeffer | | Date of Receipt MM / DD / YYYY 02 / 22 / 2008 |
| Mailing Address 360 N Bristol Ave | | Transaction ID: C3730530 |
| City Los Angeles | State CA | Zip Code 90049-2606 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2300.00 |
| Name of Employer self-employed | Occupation advisor | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2300.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Carl Schramm | | Date of Receipt MM / DD / YYYY 03 / 20 / 2008 |
| Mailing Address 4801 Rockhill Road | | Transaction ID: C4135434 |
| City Kansas City | State MO | Zip Code 64110 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Kauffman Foundation | Occupation President | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| 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) | ▶ | 3800.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 112
(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Steven Schroeder

Mailing Address 10 Paseo Mirasol

City Tiburon State CA Zip Code 94920

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

Name of Employer UCSF Occupation physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2008

Transaction ID: C3730039

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Osborne Scott

Mailing Address 15027 Valley Vista Blvd

City Sherman Oaks State CA Zip Code 91403

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

Name of Employer Self Occupation Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2008

Transaction ID: C4137679

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
John H. Scully

Mailing Address 591 Redwood Highway, Suite 3215

City Mill Valley State CA Zip Code 94941

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

Name of Employer SPO Partners & Co. Occupation Managing Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 02 / 26 / 2008

Transaction ID: C3731268

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► 2800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 112 |
| | <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)
Myers for Congress 2008 Committee

| | | | |
|---|---|--------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Regina Scully | | Date of Receipt |
| | Mailing Address 591 Redwood Hwy Ste 3215 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 6 / 2 0 0 8 |
| | City | State | Zip Code |
| | Mill Valley | CA | 94941-6006 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C3731270 |
| Name of Employer New York Principal | | Occupation Public Relations | Amount of Each Receipt this Period |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 2300.00 |
| | | <input type="text"/> 2300.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|-----------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Robert Seidman | | Date of Receipt |
| | Mailing Address 11635 Woodbridge St #6 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 9 / 2 0 0 8 |
| | City | State | Zip Code |
| | Studio City | CA | 91604 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C3704660 |
| Name of Employer Self employed | | Occupation Consultant | Amount of Each Receipt this Period |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| | | <input type="text"/> 250.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|-----------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Dexter Shurney | | Date of Receipt |
| | Mailing Address 33 Nickleby Down | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 9 / 2 0 0 8 |
| | City | State | Zip Code |
| | Brentwood | TN | 37027 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: C3704654 |
| Name of Employer Healthways | | Occupation Physician | Amount of Each Receipt this Period |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| | | <input type="text"/> 500.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 3050.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 112

(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
John Simich

Mailing Address 31244 Palos Verdes Dr. West, Suite

City State Zip Code
Rancho Palos Verde CA 90275

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

Name of Employer Occupation
Simich Construction Development

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2008

Transaction ID: C4134084

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Joy Simmons, MD

Mailing Address 1505 North Edgemont

City State Zip Code
Los Angeles CA 90027-5209

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

Name of Employer Occupation
Southern California Perma- Director, CT & Ultrasound, Department
nente Medical

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1171.13

Date of Receipt

M M / D D / Y Y Y Y
02 / 29 / 2008

Transaction ID: C4143298

Amount of Each Receipt this Period

1171.13

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

* In-Kind: catering minus \$1k allowed

C.

Full Name (Last, First, Middle Initial)
samuel skinner

Mailing Address 11 indian hill road

City State Zip Code
winnetka IL 60093

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

Name of Employer Occupation
greenberg traurig lawyer

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: C4129107

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3171.13

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 112
(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
David M. Smith

Mailing Address 4454 Palmdale St

City State Zip Code
Union City CA 94587-5628

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

Name of Employer Iron Key Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: C4129023

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Timothy Smith, Jr

Mailing Address 7440 Central Ave

City State Zip Code
Indianapolis IN 46240-3014

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

Name of Employer Perfect Impressions Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: C4137240

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Arthur M. Southam, MD

Mailing Address 130 Adelaide Drive

City State Zip Code
Santa Monica CA 90402

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

Name of Employer Kaiser Permanente Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: C3700808

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Arthur M. Southam, MD
Mailing Address 130 Adelaide Drive
City Santa Monica State CA Zip Code 90402
FEC ID number of contributing federal political committee. **C**
Name of Employer Kaiser Permanente Occupation Physician
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00
Date of Receipt 03 / 26 / 2008
Transaction ID: C4137453
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Albert Spurlock
Mailing Address 5930 Lieber Road
City Indianapolis State IN Zip Code 46208
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 03 / 25 / 2008
Transaction ID: C4137225
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Peter S. Stamos
Mailing Address 2498 Sand Hill Road
City Menlo Park State CA Zip Code 94025
FEC ID number of contributing federal political committee. **C**
Name of Employer Sterling Stamos Occupation Chairman
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4600.00
Date of Receipt 02 / 29 / 2008
Transaction ID: C3740119
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2800.00
TOTAL This Period (last page this line number only) ►

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

| | |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 112 |
| | (check only one) |
| <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"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Peter S. Stamos | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 2498 Sand Hill Road | Transaction ID: C3740159 |
| | City State Zip Code Menlo Park CA 94025 | Amount of Each Receipt this Period 2300.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Sterling Stamos Chairman | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4600.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Anne M. Staveren, MD | Date of Receipt MM / DD / YYYY 02 / 29 / 2008 |
| | Mailing Address 5250 Weatherford Dr | Transaction ID: C3740162 |
| | City State Zip Code Los Angeles CA 90008-1044 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation self Physician | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Isaac Stein | Date of Receipt MM / DD / YYYY 03 / 03 / 2008 |
| | Mailing Address P.O. Box 2088 | Transaction ID: C4129016 |
| | City State Zip Code Menlo Park CA 94026-2088 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Waverley Associates President | |
| 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) | 3550.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 112
(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Sylvia S. Swilley

Mailing Address 6604 Shenandoah Ave

City Windsor Hills State CA Zip Code 90056-2116

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

Name of Employer Kaiser Permanente Occupation physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2008

Transaction ID: C3740163

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Kevin Tabb

Mailing Address 1556 Parrott Dr.

City San Mateo State CA Zip Code 94402

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

Name of Employer Stanford Hospital and Clinics Occupation Hospital Administrator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 13 / 2008

Transaction ID: C3700846

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Peter B. Taylor

Mailing Address 9600 S Prairie Ave

City Chicago State IL Zip Code 60628-1421

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

Name of Employer Univ of Chicago Occupation Information Technology Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 08 / 2008

Transaction ID: C4131739

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 112

(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Prentiss Taylor

Mailing Address 211 West Wacker Drive, Suite 1350

City State Zip Code
Chicago IL 60606

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

Name of Employer Occupation
AMERIGROUP Illinois, Inc. VP, Medical Affairs

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 08 / 2008

Transaction ID: C4131731

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)
Robert D. Taylor

Mailing Address 5002 Pendleton Ct

City State Zip Code
Los Angeles CA 90056-1061

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

Name of Employer Occupation
Centinela Capital Partners, LLC Finance

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 29 / 2008

Transaction ID: C3740157

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Vernon Thomas

Mailing Address 2134 Spring St.

City State Zip Code
Philadelphia PA 19103

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

Name of Employer Occupation
none retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 16 / 2008

Transaction ID: C3704130

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional) ▶

3550.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 112
(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)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Alexis Thompson, MD

Mailing Address 1616 S Indiana Ave, #C-1

City State Zip Code
Chicago IL 60616

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

Name of Employer Children's Memorial Hospital
Occupation physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 10 / 2008

Transaction ID: C4131763

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Margie M. Tuckson

Mailing Address 3501 Zenith Ave S

City State Zip Code
Minneapolis MN 55416-4623

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

Name of Employer not employed
Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 08 / 2008

Transaction ID: C4131730

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Reed V. Tuckson, MD

Mailing Address 3501 Zenith Ave S

City State Zip Code
St Louis Park MN 55416-4623

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

Name of Employer Consumer Health and Medical Care Advan
Occupation Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 08 / 2008

Transaction ID: C4131728

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **4850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Arnold & Sharon Turner

Mailing Address 3119 Heather Hill Ct.

City State Zip Code
Flossmoor IL 60422

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

Name of Employer self - Physicians Associates for Health Occupation physician

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 8 | / | 2 | 0 | 0 | 8 |

Transaction ID: C4131741

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Richard Keith Turner, MD

Mailing Address 214 Moraga Ave

City State Zip Code
Piedmont CA 94611

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

Name of Employer self Occupation physician

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 8 | / | 2 | 0 | 0 | 8 |

Transaction ID: C4134555

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Jeffrey S. Upperman, MD

Mailing Address 14745 Valleyheart Drive

City State Zip Code
Sherman Oaks CA 91403

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

Name of Employer USC Occupation physician

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

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 2 | / | 2 | 0 | 0 | 8 |

Transaction ID: C3700803

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 112
(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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Tom Van Berkem

Mailing Address 23477 Park Colombo

City State Zip Code
Calabasas CA 91302

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

Name of Employer Occupation
retired retired

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

Date of Receipt
MM / DD / YYYY
02 / 26 / 2008

Transaction ID: C3731325

Amount of Each Receipt this Period
2300.00

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

B.

Full Name (Last, First, Middle Initial)
Howard Waltman

Mailing Address 870 United Nations Plaza
Apt. 10F

City State Zip Code
New York NY 10017

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

Name of Employer Occupation
Retired retired

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

Date of Receipt
MM / DD / YYYY
02 / 27 / 2008

Transaction ID: C3731355

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Eugene Washington

Mailing Address 51 West Clay Street

City State Zip Code
San Francisco CA 94121

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

Name of Employer Occupation
University of California Academic Physician

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

Date of Receipt
MM / DD / YYYY
03 / 30 / 2008

Transaction ID: C4139398

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 112
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Eugene and Marie Washington, MD

Mailing Address 51 W Clay St

City State Zip Code
San Francisco CA 94121-1230

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

Name of Employer Occupation
University of California, San Francisco academic physician

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: C4129019

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Jeffrey Weiss

Mailing Address 11835 W Olympic Blvd # 835

City State Zip Code
Los Angeles CA 90064-5001

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

Name of Employer Occupation
CCI Consultant

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2008

Transaction ID: C3730829

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Anthony Welters

Mailing Address 919 Saigon Rd

City State Zip Code
Mc Lean VA 22102-2116

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

Name of Employer Occupation
Americhoice Executive

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2008

Transaction ID: C4131726

Amount of Each Receipt this Period
2300.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Anthony Welters

Mailing Address 919 Saigon Rd

City State Zip Code
Mc Lean VA 22102-2116

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

Name of Employer Occupation
Americhoice Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 8 | / | 2 | 0 | 0 | 8 |

Transaction ID: C4131727

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Rena Wheaton

Mailing Address 31248 Bailard Rd

City State Zip Code
Malibu CA 90265-2677

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

Name of Employer Occupation
Guth Christopher LLP Attorney at Law

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 | 9 | / | 2 | 0 | 0 | 8 |

Transaction ID: C3740160

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1403 Chesterfield Estates Drive

City State Zip Code
Chesterfield MO 63005

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

Name of Employer Occupation
SSM Health Care Medical Director - Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 5 | / | 2 | 0 | 0 | 8 |

Transaction ID: C3731012

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Arlene Warmack Williams

Mailing Address 3766 Monteith Dr
University of Southern California

City Los Angeles State CA Zip Code 90043-1714

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

Name of Employer USC Occupation Candidate, Doctor of Planning and Deve

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2008
Transaction ID: C3740175
 Amount of Each Receipt this Period 300.00

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

B. Full Name (Last, First, Middle Initial)
Frank Williams, Jr. MA Ph.

Mailing Address 715 Bethpage Drive

City McDonough State GA Zip Code 30253

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

Name of Employer Williams Advisory Group, LLC Occupation Managing Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 22 / 2008
Transaction ID: C3730483
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Ronald Williams

Mailing Address 11 Farnham Rd

City Hartford State CT Zip Code 06119-1317

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

Name of Employer Aetna Occupation Chairman, Chief Executive Officer, and

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 14 / 2008
Transaction ID: C4133752
 Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Anita C. Willis

Mailing Address 6907 Hannum Ave

City State Zip Code
Culver City CA 90230-6156

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

Name of Employer self-employed Occupation
attorney

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

Date of Receipt
MM / DD / YYYY
02 / 29 / 2008

Transaction ID: C3740192

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mchael Wright, MD

Mailing Address 14050 deerstone lane

City State Zip Code
Fortville IN 46040

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

Name of Employer AmeriHealth Mércy Occupation
svp/coa

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

Date of Receipt
MM / DD / YYYY
02 / 09 / 2008

Transaction ID: C3699560

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
michael wright

Mailing Address 14055 deerstone lane

City State Zip Code
fortville IN 46040

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

Name of Employer AmeriHealth Mércy Occupation
SVP/CAO

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

Date of Receipt
MM / DD / YYYY
03 / 28 / 2008

Transaction ID: C4138455

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 56 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Debra L. Zumwalt

Mailing Address 1751 Valparaiso Ave

City State Zip Code
Menlo Park CA 94025

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

Name of Employer Occupation
Stanford University attorney

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 | 3 | / | 0 | 4 | / | 2 | 0 | 0 | 8 |

Transaction ID: C4129025

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 124874.55 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Express Scripts, Inc.
Mailing Address 13900 Riverport Drive

City State Zip Code
Maryland Heights MO 63043

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer 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
 0 3 / 2 6 / 2 0 0 8

Transaction ID: C4137244

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Ridley-Scott State Senate 2010
Mailing Address 5471 Hillcrest Dr

City State Zip Code
Los Angeles CA 90043-2322

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 8 / 2 0 0 8

Transaction ID: C4138513

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Wellpoint, Inc.
Mailing Address 120 Monument Circle

City State Zip Code
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer 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
 0 3 / 0 6 / 2 0 0 8

Transaction ID: C4130205

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **12300.00**

TOTAL This Period (last page this line number only) ► **12300.00**

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 / 112 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD | Date of Receipt MM / DD / YYYY 01 / 21 / 2008 |
| | Mailing Address 1 N Illinois St 2101 | Transaction ID: C4148534 |
| | City Indianapolis State IN Zip Code 46204-1945 | Amount of Each Receipt this Period 2500.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Self Occupation Candidate Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 564750.30 * In-Kind: NGP fees |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD | Date of Receipt MM / DD / YYYY 02 / 01 / 2008 |
| | Mailing Address 1 N Illinois St 2101 | Transaction ID: C4149321 |
| | City Indianapolis State IN Zip Code 46204-1945 | Amount of Each Receipt this Period 2500.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Self Occupation Candidate Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 564750.30 * In-Kind: Murphy Putnam |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD | Date of Receipt MM / DD / YYYY 02 / 01 / 2008 |
| | Mailing Address 1 N Illinois St 2101 | Transaction ID: C4201144 |
| | City Indianapolis State IN Zip Code 46204-1945 | Amount of Each Receipt this Period 204.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Self Occupation Candidate Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 564750.30 * In-Kind: Ameritech |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5204.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN Zip Code 46204-1945

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

Name of Employer Self Occupation Candidate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 564750.30

Date of Receipt MM / DD / YYYY
02 / 01 / 2008

Transaction ID: C4201145

Amount of Each Receipt this Period 600.00

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

* In-Kind: Ameritech

B. Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN Zip Code 46204-1945

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

Name of Employer Self Occupation Candidate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 564750.30

Date of Receipt MM / DD / YYYY
02 / 01 / 2008

Transaction ID: C4201155

Amount of Each Receipt this Period 4052.50

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

* In-Kind: Kite-Committee Office Rent

C. Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN Zip Code 46204-1945

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

Name of Employer Self Occupation Candidate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 564750.30

Date of Receipt MM / DD / YYYY
02 / 04 / 2008

Transaction ID: C4149475

Amount of Each Receipt this Period 1000.00

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

* In-Kind: Global Strategy Group payment

SUBTOTAL of Receipts This Page (optional) ► 5652.50

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A. Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN Zip Code 46204-1945

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

Name of Employer Self Occupation Candidate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 564750.30

Date of Receipt 02 / 05 / 2008
Transaction ID: C4201154
 Amount of Each Receipt this Period 608.00

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

B. Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN Zip Code 46204-1945

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

Name of Employer Self Occupation Candidate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 564750.30

Date of Receipt 02 / 05 / 2008
Transaction ID: C4201160
 Amount of Each Receipt this Period 109.34

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

C. Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN Zip Code 46204-1945

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

Name of Employer Self Occupation Candidate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 564750.30

Date of Receipt 02 / 06 / 2008
Transaction ID: C4201159
 Amount of Each Receipt this Period 826.74

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

SUBTOTAL of Receipts This Page (optional) ► **1544.08**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 112

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City State Zip Code
Indianapolis IN 46204-1945

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

Name of Employer Self Occupation
Candidate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 564750.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: C4201146

Amount of Each Receipt this Period

1166.00

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

* In-Kind: Arizona Sports Shirts

B.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City State Zip Code
Indianapolis IN 46204-1945

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

Name of Employer Self Occupation
Candidate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 564750.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: C4201147

Amount of Each Receipt this Period

143.16

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

* In-Kind: AT&T

C.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City State Zip Code
Indianapolis IN 46204-1945

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

Name of Employer Self Occupation
Candidate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 564750.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 8

Transaction ID: C4201150

Amount of Each Receipt this Period

276.85

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

* In-Kind: demstore.com

SUBTOTAL of Receipts This Page (optional)

1586.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City State Zip Code
Indianapolis IN 46204-1945

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

Name of Employer Self Occupation
Candidate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 564750.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: C4201158

Amount of Each Receipt this Period

59.00

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

* In-Kind: Rock Bottom - Campaign Lunch

B.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City State Zip Code
Indianapolis IN 46204-1945

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

Name of Employer Self Occupation
Candidate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 564750.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 0 8

Transaction ID: C4201148

Amount of Each Receipt this Period

63.60

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

* In-Kind: AT&T - Treo Accessories

C.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City State Zip Code
Indianapolis IN 46204-1945

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

Name of Employer Self Occupation
Candidate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 564750.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: C4201152

Amount of Each Receipt this Period

125.45

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

* In-Kind: Hertz

SUBTOTAL of Receipts This Page (optional) ▶

248.05

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

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

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

FOR LINE NUMBER: PAGE 63 / 112
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City State Zip Code
Indianapolis IN 46204-1945

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

Name of Employer Self Occupation Candidate

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

564750.30

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: C4149632

Amount of Each Receipt this Period
515.66

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

* In-Kind: mileage on campaign vehicle owned by Dr. Myers 1021.1 miles

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 515.66 |
| TOTAL This Period (last page this line number only) | ▶ | 14750.30 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 112

(check only one)

| | | | |
|------------------------------|---|------------------------------|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input checked="" 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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City State Zip Code
Indianapolis IN 46204-1945

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

Name of Employer Self Occupation
Candidate

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 564750.30

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 8

Transaction ID: C4148535

Amount of Each Receipt this Period

25000.00

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

B.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City State Zip Code
Indianapolis IN 46204-1945

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

Name of Employer Self Occupation
Candidate

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 564750.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: C4148536

Amount of Each Receipt this Period

25000.00

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

C.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City State Zip Code
Indianapolis IN 46204-1945

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

Name of Employer Self Occupation
Candidate

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 564750.30

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: C4147443

Amount of Each Receipt this Period

100000.00

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

SUBTOTAL of Receipts This Page (optional)

150000.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 65 / 112 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | | <input type="checkbox"/> 11d |
| | | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

| | | | |
|--|--|---|---|
| A. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD | | Date of Receipt |
| | Mailing Address 1 N Illinois St 2101 | | <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Indianapolis | IN | 46204-1945 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| | Name of Employer Self | | Occupation Candidate |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="564750.30"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |
| | | Transaction ID: C4131724 | |
| | | Amount of Each Receipt this Period | |
| | | <input type="text" value="100000.00"/> | |
| | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |

| | | | |
|--|--|---|---|
| B. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD | | Date of Receipt |
| | Mailing Address 1 N Illinois St 2101 | | <input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Indianapolis | IN | 46204-1945 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| | Name of Employer Self | | Occupation Candidate |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="564750.30"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |
| | | Transaction ID: C4134574 | |
| | | Amount of Each Receipt this Period | |
| | | <input type="text" value="50000.00"/> | |
| | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |

| | | | |
|--|--|---|---|
| C. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD | | Date of Receipt |
| | Mailing Address 1 N Illinois St 2101 | | <input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Indianapolis | IN | 46204-1945 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| | Name of Employer Self | | Occupation Candidate |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | <input type="text" value="564750.30"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | | |
| | | Transaction ID: C4147685 | |
| | | Amount of Each Receipt this Period | |
| | | <input type="text" value="250000.00"/> | |
| | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |

| | |
|--|--|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="400000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="550000.00"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Myers for Congress 2008 Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Advance Printing Mailing Address 2260 Profit Dr City Indianapolis State IN Zip Code 46241 Purpose of Disbursement letterhead and envelopes 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) ▼ | Transaction ID: D187140 Date of Disbursement 02 / 14 / 2008 Amount of Each Disbursement this Period 1244.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Allestek, Inc. Mailing Address 7212 N Shadeland Ave Ste 209 City Indianapolis State IN Zip Code 46250-2030 Purpose of Disbursement computer services 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) ▼ | Transaction ID: D185157 Date of Disbursement 03 / 25 / 2008 Amount of Each Disbursement this Period 312.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Anthem BCBS Mailing Address 120 Monument Cir M-3-NH City Indianapolis State IN Zip Code 46204 Purpose of Disbursement staff health insurance 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) ▼ | Transaction ID: D186696 Date of Disbursement 02 / 19 / 2008 Amount of Each Disbursement this Period 690.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

2247.54

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Myers for Congress 2008 Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Bose McKinney & Evans LLP <hr/> Mailing Address 135 N Pennsylvania Ave Ste 2700 <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement legal fees Candidate Name _____ <hr/> 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) ▼ | Transaction ID: D187143 Date of Disbursement 02 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 9188.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Bulldog Media <hr/> Mailing Address 2243 Fullerton Cir <hr/> City Indianapolis State IN Zip Code 46214 <hr/> Purpose of Disbursement videographer Candidate Name _____ <hr/> 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) ▼ | Transaction ID: D185150 Date of Disbursement 02 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 795.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Casey Kehrer <hr/> Mailing Address 2260 Profit Dr <hr/> City Indianapolis State IN Zip Code 46241 <hr/> Purpose of Disbursement rally signs Candidate Name _____ <hr/> 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) ▼ | Transaction ID: D187139 Date of Disbursement 02 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 1324.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

11307.75

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

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Myers for Congress 2008 Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Express Emps | Transaction ID: D187130 Date of Disbursement 02 / 28 / 2008 |
| | Mailing Address PO Box 6600 | Amount of Each Disbursement this Period 254.06 |
| | City Hagerstown State MD Zip Code 21740 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement credit card interchange fee 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Express Emps | Transaction ID: D187131 Date of Disbursement 03 / 31 / 2008 |
| | Mailing Address PO Box 6600 | Amount of Each Disbursement this Period 442.55 |
| | City Hagerstown State MD Zip Code 21740 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement credit card service charges 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Express Emps | Transaction ID: D187132 Date of Disbursement 03 / 31 / 2008 |
| | Mailing Address PO Box 6600 | Amount of Each Disbursement this Period 30.45 |
| | City Hagerstown State MD Zip Code 21740 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement credit card misc fees 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) | 727.06 |
| 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)
Myers for Congress 2008 Committee

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Express Emps Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement credit card service charges 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) ▼ | Transaction ID: D187136 Date of Disbursement 02 / 29 / 2008 Amount of Each Disbursement this Period 529.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Express Emps Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement credit card fees 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) ▼ | Transaction ID: D187137 Date of Disbursement 02 / 29 / 2008 Amount of Each Disbursement this Period 50.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) FedEx Kinko's Mailing Address 120 Monument Cir Suite 107 City Indianapolis State IN Zip Code 46204 Purpose of Disbursement 5% Savings 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) ▼ | Transaction ID: D194724 Date of Disbursement 03 / 04 / 2008 Amount of Each Disbursement this Period -16.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 563.49 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Myers for Congress 2008 Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) FedEx Kinko's Mailing Address 120 Monument Cir Suite 107 City Indianapolis State IN Zip Code 46204 Purpose of Disbursement placards 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) ▼ | Transaction ID: D186692 Date of Disbursement 02 / 12 / 2008 Amount of Each Disbursement this Period 556.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Global Strategy Group, LLC Mailing Address 895 Broadway Fl 5 City New York State NY Zip Code 10003-1226 Purpose of Disbursement 1st payment from Dr. Myers for focus group and polling, in-kind 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) ▼ | Transaction ID: D187260 Date of Disbursement 02 / 04 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Andrea Hailey Mailing Address 8624 Bay Colony Dr. City Indianapolis State IN Zip Code 46234 Purpose of Disbursement payroll 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) ▼ | Transaction ID: D186768 Date of Disbursement 02 / 22 / 2008 Amount of Each Disbursement this Period 869.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

2425.76

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Andrea Hailey

Mailing Address 8624 Bay Colony Dr.

City Indianapolis State IN Zip Code 46234

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D186773
Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

1717.60

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

B.

Full Name (Last, First, Middle Initial)
Andrea Hailey

Mailing Address 8624 Bay Colony Dr.

City Indianapolis State IN Zip Code 46234

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D186774
Date of Disbursement

03 / 15 / 2008

Amount of Each Disbursement this Period

1717.60

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

C.

Full Name (Last, First, Middle Initial)
Indiana State Democratic Party

Mailing Address One North Capitol Suite 200

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
VAN access

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D185155
Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

2500.00

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

SUBTOTAL of Disbursements This Page (optional)

5935.20

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)
Myers for Congress 2008 Committee

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) K & J Communications, Inc. <hr/> Mailing Address 9084 Technology Dr #400 <hr/> City Fishers State IN Zip Code 46038 <hr/> Purpose of Disbursement phone jacks Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D185144 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 826.97 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Kiley Studios <hr/> Mailing Address 6328 N College Ave <hr/> City Indianapolis State IN Zip Code 46220-1706 <hr/> Purpose of Disbursement official photographs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D156795 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1100.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Alisa Morris <hr/> Mailing Address 4832 Eagles Watch Ln <hr/> City Indianapolis State IN Zip Code 46254 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D186786 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 631.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2557.97 |
| 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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Alisa Morris

Mailing Address 4832 Eagles Watch Ln

City Indianapolis State IN Zip Code 46254

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D186788
Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

1273.40

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

B.

Full Name (Last, First, Middle Initial)
Alisa Morris

Mailing Address 4832 Eagles Watch Ln

City Indianapolis State IN Zip Code 46254

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D186790
Date of Disbursement

03 / 15 / 2008

Amount of Each Disbursement this Period

1273.40

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

C.

Full Name (Last, First, Middle Initial)
Murphy Putnam Media, LLC

Mailing Address 901 N Washington St
Ste 400

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
payment for creation of television ads

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D185971
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

2500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

5046.80

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)
Myers for Congress 2008 Committee

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Murphy Putnam Media, LLC <hr/> Mailing Address 901 N Washington St Ste 400 <hr/> City Alexandria State VA Zip Code 22314-1535 <hr/> Purpose of Disbursement payment for creation of television ads Candidate Name <hr/> 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) ▼ | Transaction ID: D195201 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 49917.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Murphy Putnam Media, LLC <hr/> Mailing Address 901 N Washington St Ste 400 <hr/> City Alexandria State VA Zip Code 22314-1535 <hr/> Purpose of Disbursement payment for media buy costs - broadcast TV Candidate Name <hr/> 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) ▼ | Transaction ID: D195210 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 146775.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Murphy Putnam Media, LLC <hr/> Mailing Address 901 N Washington St Ste 400 <hr/> City Alexandria State VA Zip Code 22314-1535 <hr/> Purpose of Disbursement payment for media buy costs - broadcast TV Candidate Name <hr/> 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) ▼ | Transaction ID: D195212 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 145758.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 342450.90 |
| 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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Murphy Putnam Media, LLC

Transaction ID: D195214

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 6 | | 2 | 0 | 0 | 8 |

Mailing Address 901 N Washington St
Ste 400

Amount of Each Disbursement this Period

| |
|-----------|
| 127408.00 |
|-----------|

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
payment for media buy costs - broadcast TV, cable TV

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Murphy Putnam Media, LLC

Transaction ID: D195215

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 8 |

Mailing Address 901 N Washington St
Ste 400

Amount of Each Disbursement this Period

| |
|-----------|
| 149936.00 |
|-----------|

City Alexandria State VA Zip Code 22314-1535

Purpose of Disbursement
payment for media buy costs - broadcast TV, cable TV, Radio

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
NGP Software, Inc.

Transaction ID: D187290

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 1 | | 2 | 0 | 0 | 8 |

Mailing Address 1225 Eye St NW
Ste 1225

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

City Washington State DC Zip Code 20005

Purpose of Disbursement
start-up fees

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|-----------|
| 279844.00 |
|-----------|

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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)

Aaron Schaler

Transaction ID: D186778

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 2 | | 2 | 0 | 0 | 8 |

Mailing Address 4832 Eagles Watch Ln

Amount of Each Disbursement this Period

| |
|--------|
| 490.38 |
|--------|

City Indianapolis State IN Zip Code 46254

Purpose of Disbursement payroll

Candidate Name

Category/Type

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

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Aaron Schaler

Transaction ID: D186781

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 9 | | 2 | 0 | 0 | 8 |

Mailing Address 4832 Eagles Watch Ln

Amount of Each Disbursement this Period

| |
|--------|
| 984.21 |
|--------|

City Indianapolis State IN Zip Code 46254

Purpose of Disbursement payroll

Candidate Name

Category/Type

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

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Aaron Schaler

Transaction ID: D186783

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 5 | | 2 | 0 | 0 | 8 |

Mailing Address 4832 Eagles Watch Ln

Amount of Each Disbursement this Period

| |
|--------|
| 984.21 |
|--------|

City Indianapolis State IN Zip Code 46254

Purpose of Disbursement payroll

Candidate Name

Category/Type

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

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2458.80

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)
Myers for Congress 2008 Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Stan's Sign Design, Inc. Mailing Address 6373 Rucker Rd City Indianapolis State IN Zip Code 46220-4836 Purpose of Disbursement signage on Escape 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) ▼ | Transaction ID: D186688 Date of Disbursement 02 / 25 / 2008 Amount of Each Disbursement this Period 397.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Vonda Tyler Mailing Address 5318 Fallwood Dr #107 City Indianapolis State IN Zip Code 46220 Purpose of Disbursement payroll 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) ▼ | Transaction ID: D186798 Date of Disbursement 03 / 15 / 2008 Amount of Each Disbursement this Period 1380.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Vonda Tyler Mailing Address 5318 Fallwood Dr #107 City Indianapolis State IN Zip Code 46220 Purpose of Disbursement reimbursement for coffee hostings and film crew lunch 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) ▼ | Transaction ID: D194733 Date of Disbursement 03 / 28 / 2008 Amount of Each Disbursement this Period 419.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ▶

2197.26

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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Transaction ID: D187274
Date of Disbursement

Mailing Address 1 N Illinois St
2101

03 / 31 / 2008

City Indianapolis State IN Zip Code 46204-1945

Amount of Each Disbursement this Period

515.66

Purpose of Disbursement
mileage on campaign vehicle owned by Dr. Myers 1021.1 miles

Category/Type

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

Candidate Name
Woodrow A Myers, MD

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

* in-kind received

B.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Transaction ID: D195362
Date of Disbursement

Mailing Address 1 N Illinois St
2101

02 / 01 / 2008

City Indianapolis State IN Zip Code 46204-1945

Amount of Each Disbursement this Period

4052.50

Purpose of Disbursement
Kite-Committee Office Rent

Category/Type

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

Candidate Name
Woodrow A Myers, MD

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

* in-kind received

C.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Transaction ID: D195363
Date of Disbursement

Mailing Address 1 N Illinois St
2101

02 / 12 / 2008

City Indianapolis State IN Zip Code 46204-1945

Amount of Each Disbursement this Period

276.85

Purpose of Disbursement
demstore.com

Category/Type

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

Candidate Name
Woodrow A Myers, MD

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

* in-kind received

SUBTOTAL of Disbursements This Page (optional)

4845.01

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)
Myers for Congress 2008 Committee

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD Mailing Address 1 N Illinois St 2101 City Indianapolis State IN Zip Code 46204-1945 Purpose of Disbursement Ameritech Candidate Name Woodrow A Myers, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D195367 Date of Disbursement 02 / 01 / 2008 Amount of Each Disbursement this Period 204.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received |
| B. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD Mailing Address 1 N Illinois St 2101 City Indianapolis State IN Zip Code 46204-1945 Purpose of Disbursement Ameritech Candidate Name Woodrow A Myers, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D195368 Date of Disbursement 02 / 01 / 2008 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received |
| C. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD Mailing Address 1 N Illinois St 2101 City Indianapolis State IN Zip Code 46204-1945 Purpose of Disbursement Indy Imaging - Banner Candidate Name Woodrow A Myers, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D195369 Date of Disbursement 02 / 05 / 2008 Amount of Each Disbursement this Period 608.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received |

SUBTOTAL of Disbursements This Page (optional) ▶

1412.00

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)
Myers for Congress 2008 Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD Mailing Address 1 N Illinois St 2101 City Indianapolis State IN Zip Code 46204-1945 Purpose of Disbursement VTech Communications - Internet Candidate Name Woodrow A Myers, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D195370 Date of Disbursement 02 / 05 / 2008 Amount of Each Disbursement this Period 109.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received |
| B. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD Mailing Address 1 N Illinois St 2101 City Indianapolis State IN Zip Code 46204-1945 Purpose of Disbursement Staples Candidate Name Woodrow A Myers, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D195371 Date of Disbursement 02 / 06 / 2008 Amount of Each Disbursement this Period 826.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received |
| C. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD Mailing Address 1 N Illinois St 2101 City Indianapolis State IN Zip Code 46204-1945 Purpose of Disbursement Arizona Sports Shirts Candidate Name Woodrow A Myers, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D195372 Date of Disbursement 02 / 07 / 2008 Amount of Each Disbursement this Period 1166.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2102.08 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD Mailing Address 1 N Illinois St 2101 City Indianapolis State IN Zip Code 46204-1945 Purpose of Disbursement AT&T Candidate Name Woodrow A Myers, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D195373 Date of Disbursement 02 / 07 / 2008 Amount of Each Disbursement this Period 143.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received |
| B. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD Mailing Address 1 N Illinois St 2101 City Indianapolis State IN Zip Code 46204-1945 Purpose of Disbursement Rock Bottom - Campaign Lunch Candidate Name Woodrow A Myers, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D195375 Date of Disbursement 02 / 13 / 2008 Amount of Each Disbursement this Period 59.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received |
| C. | Full Name (Last, First, Middle Initial) Woodrow A Myers, MD Mailing Address 1 N Illinois St 2101 City Indianapolis State IN Zip Code 46204-1945 Purpose of Disbursement AT&T - Treo Accessories Candidate Name Woodrow A Myers, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D195376 Date of Disbursement 02 / 15 / 2008 Amount of Each Disbursement this Period 63.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 * in-kind received |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 265.76 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Woodrow A Myers, MD

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN Zip Code 46204-1945

Purpose of Disbursement
Hertz

Candidate Name
Woodrow A Myers, MD

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

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D195377
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 3 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 125.45 |
|--------|

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

* in-kind received

B.

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

Mailing Address PO Box 650448

City Dallas State TX Zip Code 75265

Purpose of Disbursement
credit card payment

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D187145
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 8 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|----------|
| 23960.38 |
|----------|

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

C.

Full Name (Last, First, Middle Initial)
Andronicos Market

Mailing Address 500 Stanford Shopping Center

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement
catering

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D187170
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 3 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 545.89 |
|--------|

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

| |
|----------|
| 24085.83 |
|----------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Myers for Congress 2008 Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Aristotle International, Inc. Mailing Address 205 Pennsylvania Ave SE Attn: Accounts Receivable City Washington State DC Zip Code 20003-1182 Purpose of Disbursement voter file database 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) ▼ | Transaction ID: D163422 Date of Disbursement 02 / 20 / 2008 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 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Arizona Sport Shirts Mailing Address 100 Gasoline Aly City Indianapolis State IN Zip Code 46222-5927 Purpose of Disbursement t-shirts 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) ▼ | Transaction ID: D183615 Date of Disbursement 02 / 28 / 2008 Amount of Each Disbursement this Period 1217.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 8100 City Aurora State IL Zip Code 60507-8100 Purpose of Disbursement phone service 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) ▼ | Transaction ID: D187189 Date of Disbursement 02 / 15 / 2008 Amount of Each Disbursement this Period 1144.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

Use separate schedule(s)
for each category of the
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)
Myers for Congress 2008 Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Costco Wholesale <hr/> Mailing Address 6110 E 86th Street <hr/> City Indianapolis State IN Zip Code 46250 <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> 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) ▼ | Transaction ID: D163411 Date of Disbursement 02 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 251.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) demstore.com <hr/> Mailing Address 5125 MacArthur Blvd, N.W.; Suite 1 <hr/> City Washington State DC Zip Code 20016 <hr/> Purpose of Disbursement yard signs Candidate Name <hr/> 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) ▼ | Transaction ID: D187164 Date of Disbursement 02 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 2715.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) FedEx Kinko's <hr/> Mailing Address 120 Monument Cir Suite 107 <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement 5% savings Candidate Name <hr/> 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) ▼ | Transaction ID: D187184 Date of Disbursement 03 / 05 / 2008 <hr/> Amount of Each Disbursement this Period -2.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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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)
Myers for Congress 2008 Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) FedEx Kinko's | Transaction ID: D187185 Date of Disbursement 03 / 06 / 2008 |
| | Mailing Address 120 Monument Cir Suite 107 | Amount of Each Disbursement this Period -2.06 |
| | City Indianapolis State IN Zip Code 46204 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement 5% savings 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) FedEx Kinko's | Transaction ID: D187186 Date of Disbursement 03 / 06 / 2008 |
| | Mailing Address 120 Monument Cir Suite 107 | Amount of Each Disbursement this Period -2.82 |
| | City Indianapolis State IN Zip Code 46204 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement 5% savings 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FedEx Kinko's | Transaction ID: D187162 Date of Disbursement 02 / 29 / 2008 |
| | Mailing Address 120 Monument Cir Suite 107 | Amount of Each Disbursement this Period 44.26 |
| | City Indianapolis State IN Zip Code 46204 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement shipping charges 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)

FedEx Kinko's

Mailing Address 120 Monument Cir
Suite 107

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
shipping charges

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D187163

Date of Disbursement

02 / 29 / 2008

Amount of Each Disbursement this Period

41.24

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

FedEx Kinko's

Mailing Address 120 Monument Cir
Suite 107

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
business cards

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D183741

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

56.46

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hertz

Mailing Address 1 World Way
Los Angeles International Airport

City Los Angeles State CA Zip Code 90045-5803

Purpose of Disbursement
rental car for fundraisers in CA

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D183747

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

336.52

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
Hertz

Mailing Address 1 World Way
Los Angeles International Airport

City State Zip Code
Los Angeles CA 90045-5803

Purpose of Disbursement
5% savings

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D187188
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 5101 Decatur Blvd

City State Zip Code
Indianapolis IN 46241

Purpose of Disbursement
baggage insurance Alisa Morris

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D187153
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address 5101 Decatur Blvd

City State Zip Code
Indianapolis IN 46241

Purpose of Disbursement
air fare Woody Myers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D187146
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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)

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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)
Myers for Congress 2008 Committee

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 5101 Decatur Blvd</p> <p>City Indianapolis State IN Zip Code 46241</p> <p>Purpose of Disbursement travel delay Woody Myers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D187147</p> <p>Date of Disbursement 02 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 9.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>B. Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 5101 Decatur Blvd</p> <p>City Indianapolis State IN Zip Code 46241</p> <p>Purpose of Disbursement baggage insurance Woody Myers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D187148</p> <p>Date of Disbursement 02 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 9.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>C. Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 5101 Decatur Blvd</p> <p>City Indianapolis State IN Zip Code 46241</p> <p>Purpose of Disbursement air fare Alisa Morris</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: D187149</p> <p>Date of Disbursement 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 396.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address 5101 Decatur Blvd City Indianapolis State IN Zip Code 46241 Purpose of Disbursement travel delay Alisa Morris 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) ▼ | Transaction ID: D187151 Date of Disbursement 02 / 27 / 2008 Amount of Each Disbursement this Period 9.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Stan's Sign Design, Inc. Mailing Address 6373 Rucker Rd City Indianapolis State IN Zip Code 46220-4836 Purpose of Disbursement signage on Yukon 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) ▼ | Transaction ID: D183616 Date of Disbursement 02 / 26 / 2008 Amount of Each Disbursement this Period 450.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Dr City Framingham State MA Zip Code 01702-4478 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D163412 Date of Disbursement 02 / 21 / 2008 Amount of Each Disbursement this Period 70.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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)
Myers for Congress 2008 Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Dr City Framingham State MA Zip Code 01702-4478 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D187152 Date of Disbursement 02 / 14 / 2008 Amount of Each Disbursement this Period 362.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) United Airlines Mailing Address World Headquarters PO Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement WAM travel for fundraiser 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) ▼ | Transaction ID: D183745 Date of Disbursement 03 / 03 / 2008 Amount of Each Disbursement this Period 164.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) United Airlines Mailing Address World Headquarters PO Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement AFM travel to fundraiser 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) ▼ | Transaction ID: D183746 Date of Disbursement 03 / 03 / 2008 Amount of Each Disbursement this Period 164.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address World Headquarters PO Box 66100 <hr/> City Chicago State IL Zip Code 60666 <hr/> Purpose of Disbursement Woody Myers refund Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D187154 Date of Disbursement 03 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address World Headquarters PO Box 66100 <hr/> City Chicago State IL Zip Code 60666 <hr/> Purpose of Disbursement baggage insurance Alisa Morris Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D187159 Date of Disbursement 03 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 9.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address World Headquarters PO Box 66100 <hr/> City Chicago State IL Zip Code 60666 <hr/> Purpose of Disbursement baggage insurance Woody Myers Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: D187176 Date of Disbursement 03 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 9.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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| <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)
Myers for Congress 2008 Committee

A.

Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address 8401 Moller Rd

City Indianapolis State IN Zip Code 46268-1508

Purpose of Disbursement
stamps

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D163414
Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

205.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Wal Mart

Mailing Address 4545 Lafayette Rd

City Indianapolis State IN Zip Code 46254-2033

Purpose of Disbursement
supplies for commercial

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D187166
Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

299.38

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO Box 8100

City Aurora State IL Zip Code 60507-8100

Purpose of Disbursement
phone service

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D186173
Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

349.79

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 8100 City Aurora State IL Zip Code 60507-8100 Purpose of Disbursement phone service 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) ▼ | Transaction ID: D186174 Date of Disbursement 03 / 27 / 2008 Amount of Each Disbursement this Period 275.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 8100 City Aurora State IL Zip Code 60507-8100 Purpose of Disbursement phone bank set up 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) ▼ | Transaction ID: D186418 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 8100 City Aurora State IL Zip Code 60507-8100 Purpose of Disbursement phone bank activation 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) ▼ | Transaction ID: D186419 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 239.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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| <input 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)
Myers for Congress 2008 Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Costco Wholesale | Transaction ID: D184332 Date of Disbursement 03 / 21 / 2008 |
| | Mailing Address 6110 E 86th Street | Amount of Each Disbursement this Period 519.29 |
| | City Indianapolis State IN Zip Code 46250 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement 10 adjustable tables 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Costco Wholesale | Transaction ID: D184334 Date of Disbursement 03 / 21 / 2008 |
| | Mailing Address 6110 E 86th Street | Amount of Each Disbursement this Period 63.99 |
| | City Indianapolis State IN Zip Code 46250 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Gas 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Costco Wholesale | Transaction ID: D184338 Date of Disbursement 03 / 20 / 2008 |
| | Mailing Address 6110 E 86th Street | Amount of Each Disbursement this Period 375.90 |
| | City Indianapolis State IN Zip Code 46250 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement pop, water, folding chairs, etc. 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Costco Wholesale | Transaction ID: D184339 Date of Disbursement 03 / 20 / 2008 |
| | Mailing Address 6110 E 86th Street | Amount of Each Disbursement this Period 38.88 |
| | City Indianapolis State IN Zip Code 46250 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement gas 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) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) demstore.com | Transaction ID: D186402 Date of Disbursement 03 / 17 / 2008 |
| | Mailing Address 5125 MacArthur Blvd, N.W.; Suite 1 | Amount of Each Disbursement this Period 2008.28 |
| | City Washington State DC Zip Code 20016 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement Get out the Vote materials 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) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Domino's Pizza #2555 | Transaction ID: D184596 Date of Disbursement 03 / 26 / 2008 |
| | Mailing Address 845 N. Capitol Ave | Amount of Each Disbursement this Period 78.74 |
| | City Indianapolis State IN Zip Code 46204 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement pizza for IUPUI Dems 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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)
Myers for Congress 2008 Committee

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Domino's Pizza #2555 <hr/> Mailing Address 845 N. Capitol Ave <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement Pizza <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D184335 Date of Disbursement 03 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 70.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Domino's Pizza #2555 <hr/> Mailing Address 845 N. Capitol Ave <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement campaign lunch <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D186175 Date of Disbursement 03 / 11 / 2008 <hr/> Amount of Each Disbursement this Period 75.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) FedEx Kinko's <hr/> Mailing Address 120 Monument Cir Suite 107 <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement business cards & photo CD <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D183742 Date of Disbursement 03 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 78.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER: (check only one)

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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)
Myers for Congress 2008 Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) FedEx Kinko's | Transaction ID: D184329 Date of Disbursement 03 / 18 / 2008 |
| | Mailing Address 120 Monument Cir Suite 107 | Amount of Each Disbursement this Period 30.01 |
| | City Indianapolis State IN Zip Code 46204 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement sign and cutting | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) FedEx Kinko's | Transaction ID: D186410 Date of Disbursement 03 / 31 / 2008 |
| | Mailing Address 120 Monument Cir Suite 107 | Amount of Each Disbursement this Period 286.72 |
| | City Indianapolis State IN Zip Code 46204 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement sign cutting | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FedEx Kinko's | Transaction ID: D186411 Date of Disbursement 03 / 31 / 2008 |
| | Mailing Address 120 Monument Cir Suite 107 | Amount of Each Disbursement this Period 51.97 |
| | City Indianapolis State IN Zip Code 46204 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement shipping to Kennedy Communications | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) FedEx Kinko's Mailing Address 120 Monument Cir Suite 107 City Indianapolis State IN Zip Code 46204 Purpose of Disbursement 5% Savings 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) ▼ | Transaction ID: D187555 Date of Disbursement 03 / 08 / 2008 Amount of Each Disbursement this Period -3.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) FedEx Kinko's Mailing Address 120 Monument Cir Suite 107 City Indianapolis State IN Zip Code 46204 Purpose of Disbursement 5% savings 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) ▼ | Transaction ID: D187187 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period -1.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Illinois Street Food Emporium Mailing Address 5550 N Illinois St City Indianapolis State IN Zip Code 46208 Purpose of Disbursement conrad fundraiser food 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) ▼ | Transaction ID: D184608 Date of Disbursement 03 / 25 / 2008 Amount of Each Disbursement this Period 352.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Northwest Airlines | Transaction ID: D186424 Date of Disbursement 03 / 26 / 2008 |
| | Mailing Address 5101 Decatur Blvd | Amount of Each Disbursement this Period 9.95 |
| | City Indianapolis State IN Zip Code 46241 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement baggage insurance for Marlin | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Northwest Airlines | Transaction ID: D186426 Date of Disbursement 03 / 26 / 2008 |
| | Mailing Address 5101 Decatur Blvd | Amount of Each Disbursement this Period 9.95 |
| | City Indianapolis State IN Zip Code 46241 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement travel insurance for Marlin | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Northwest Airlines | Transaction ID: D186353 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address 5101 Decatur Blvd | Amount of Each Disbursement this Period 377.50 |
| | City Indianapolis State IN Zip Code 46241 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Marlin airfare to Indianapolis | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Palomino | Transaction ID: D186359 Date of Disbursement 03 / 28 / 2008 |
| | Mailing Address 49 West Maryland Street, #189 | Amount of Each Disbursement this Period 260.70 |
| | City Indianapolis State IN Zip Code 46204 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement dinner expense 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Palomino | Transaction ID: D186360 Date of Disbursement 03 / 28 / 2008 |
| | Mailing Address 49 West Maryland Street, #189 | Amount of Each Disbursement this Period 29.84 |
| | City Indianapolis State IN Zip Code 46204 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement dinner expense 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Print Sharp Services, Inc. | Transaction ID: D186417 Date of Disbursement 03 / 19 / 2008 |
| | Mailing Address 8645 E. 116th Street | Amount of Each Disbursement this Period 644.44 |
| | City Fishers State IN Zip Code 46038 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement office supplies Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 112

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Myers for Congress 2008 Committee

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Dr City Framingham State MA Zip Code 01702-4478 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D184612 Date of Disbursement 03 / 25 / 2008 Amount of Each Disbursement this Period 442.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Dr City Framingham State MA Zip Code 01702-4478 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D186404 Date of Disbursement 03 / 27 / 2008 Amount of Each Disbursement this Period 413.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Dr City Framingham State MA Zip Code 01702-4478 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D186408 Date of Disbursement 03 / 30 / 2008 Amount of Each Disbursement this Period 166.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Staples | Transaction ID: D183905 Date of Disbursement 03 / 14 / 2008 |
| | Mailing Address 500 Staples Dr | Amount of Each Disbursement this Period 168.44 |
| | City Framingham State MA Zip Code 01702-4478 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement office supplies-invitations | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) US Postal Service | Transaction ID: D183904 Date of Disbursement 03 / 14 / 2008 |
| | Mailing Address 8401 Moller Rd | Amount of Each Disbursement this Period 205.00 |
| | City Indianapolis State IN Zip Code 46268-1508 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement 500 stamps | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Wal Mart | Transaction ID: D183908 Date of Disbursement 03 / 11 / 2008 |
| | Mailing Address 4545 Lafayette Rd | Amount of Each Disbursement this Period 337.08 |
| | City Indianapolis State IN Zip Code 46254-2033 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement office television | [MEMO ITEM] |
| | Candidate Name | Category/Type |
| | 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) | 0.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 104 / 112

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Myers for Congress 2008 Committee

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Wal Mart Mailing Address 4545 Lafayette Rd City Indianapolis State IN Zip Code 46254-2033 Purpose of Disbursement fundraiser & office supplies 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) ▼ | Transaction ID: D183903 Date of Disbursement 03 / 13 / 2008 Amount of Each Disbursement this Period 251.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Wal Mart Mailing Address 4545 Lafayette Rd City Indianapolis State IN Zip Code 46254-2033 Purpose of Disbursement surge protectors, telephones, phone jacks, etc. 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) ▼ | Transaction ID: D184333 Date of Disbursement 03 / 22 / 2008 Amount of Each Disbursement this Period 152.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Wal Mart Mailing Address 4545 Lafayette Rd City Indianapolis State IN Zip Code 46254-2033 Purpose of Disbursement film crew supplies 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) ▼ | Transaction ID: D184605 Date of Disbursement 03 / 27 / 2008 Amount of Each Disbursement this Period 91.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Wal Mart Mailing Address 4545 Lafayette Rd City Indianapolis State IN Zip Code 46254-2033 Purpose of Disbursement lamps 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) ▼ | Transaction ID: D184340 Date of Disbursement 03 / 21 / 2008 Amount of Each Disbursement this Period 42.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. | Full Name (Last, First, Middle Initial) Wal Mart Mailing Address 4545 Lafayette Rd City Indianapolis State IN Zip Code 46254-2033 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D186407 Date of Disbursement 03 / 29 / 2008 Amount of Each Disbursement this Period 4.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial) Wal Mart Mailing Address 4545 Lafayette Rd City Indianapolis State IN Zip Code 46254-2033 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D186422 Date of Disbursement 03 / 28 / 2008 Amount of Each Disbursement this Period 44.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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)
Myers for Congress 2008 Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Wal Mart | Transaction ID: D187181 Date of Disbursement 03 / 29 / 2008 |
| | Mailing Address 4545 Lafayette Rd | Amount of Each Disbursement this Period -14.56 |
| | City Indianapolis State IN Zip Code 46254-2033 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement merchandise return Candidate Name Category/Type | |
| | 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) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Wal Mart | Transaction ID: D187182 Date of Disbursement 03 / 29 / 2008 |
| | Mailing Address 4545 Lafayette Rd | Amount of Each Disbursement this Period -28.49 |
| | City Indianapolis State IN Zip Code 46254-2033 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement merchandise return Candidate Name Category/Type | |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Washington Township Schools | Transaction ID: D186437 Date of Disbursement 03 / 20 / 2008 |
| | Mailing Address 8550 Woodfield Crossing Blvd. | Amount of Each Disbursement this Period 300.00 |
| | City Indianapolis State IN Zip Code 46240 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| | Purpose of Disbursement school fundraiser Candidate Name Category/Type | |
| | 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) | 0.00 |
| TOTAL This Period (last page this line number only) | 690473.21 |

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

Transaction ID: L570

LOAN SOURCE Full Name (Last, First, Middle Initial)
Woodrow A MyersMD, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN ZIP Code 46204-1945

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 100000.00 | 0.00 | 100000.00 |

TERMS

Date Incurred: MM DD YY Y Y Y Y Secured: Yes No
 03 10 2008 01/01/2009 .0000 % (apr)

List All Endorsers or Guarantors (if any) to Loan Source

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|-----------|
| SUBTOTALS This Period This Page (optional) | ▶ | 100000.00 |
| TOTALS This Period (last page in this line only) | ▶ | .00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

Transaction ID: L571

LOAN SOURCE Full Name (Last, First, Middle Initial)
Woodrow A MyersMD, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN ZIP Code 46204-1945

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 50000.00 | 0.00 | 50000.00 |

TERMS

Date Incurred: MM/YY 03/18 2008 Date Due: 01/01/2009 Interest Rate: .0000 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional) | 50000.00 |
| TOTALS This Period (last page in this line only) | .00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

Transaction ID: L582

LOAN SOURCE Full Name (Last, First, Middle Initial)
Woodrow A MyersMD, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN ZIP Code 46204-1945

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 100000.00 | 0.00 | 100000.00 |

TERMS

Date Incurred: MM DD YY 02 25 2008 Date Due: 01/01/2009 Interest Rate: .0000 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | | |
|---|---|-----------|
| SUBTOTALS This Period This Page (optional) | ▶ | 100000.00 |
| TOTALS This Period (last page in this line only) | ▶ | .00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

Transaction ID: L583

LOAN SOURCE Full Name (Last, First, Middle Initial)
Woodrow A MyersMD, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN ZIP Code 46204-1945

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 250000.00 | 0.00 | 250000.00 |

TERMS

Date Incurred: MM DD YY 03 25 2008 Date Due: 01/01/2009 Interest Rate: .0000 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | | |
|---|---|-----------|
| SUBTOTALS This Period This Page (optional) | ▶ | 250000.00 |
| TOTALS This Period (last page in this line only) | ▶ | .00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

Transaction ID: L584

LOAN SOURCE Full Name (Last, First, Middle Initial)
Woodrow A MyersMD, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN ZIP Code 46204-1945

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 25000.00 | 0.00 | 25000.00 |

TERMS

Date Incurred: MM DD YY Y Y Y Y Secured: Yes No
 01 31 2008 01/01/2009 .0000 % (apr)

List All Endorsers or Guarantors (if any) to Loan Source

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|----------|
| SUBTOTALS This Period This Page (optional) | ▶ | 25000.00 |
| TOTALS This Period (last page in this line only) | ▶ | .00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Myers for Congress 2008 Committee

Transaction ID: L585

LOAN SOURCE Full Name (Last, First, Middle Initial)
Woodrow A MyersMD, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 1 N Illinois St
2101

City Indianapolis State IN ZIP Code 46204-1945

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 25000.00 | 0.00 | 25000.00 |

TERMS

Date Incurred: MM DD YY Y Y Y Y Secured: Yes No
 02 01 2008 01/01/2009 .0000 % (apr)

List All Endorsers or Guarantors (if any) to Loan Source

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|---|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|--|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="25000.00"/> |
| TOTALS This Period (last page in this line only) | <input type="text" value="550000.00"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.