

# 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  
Donald A. Manzullo for Congress

ADDRESS (number and street) PO Box 7783  
 Check if different than previously reported. (ACC)  
Rockford IL 61126

2. **FEC IDENTIFICATION NUMBER** C00252973  
**CITY** **STATE** **ZIP CODE**  
STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
IL 16

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 04 01 2006 through 06 30 2006

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

Signature of Treasurer Electronically Filed by Richard J. Brynteson Date 08 28 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Donald A. Manzullo for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	172072.00	819868.46
(b) Total Contribution Refunds (from Line 20(d)).....	1000.00	5100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	171072.00	814768.46
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	66687.21	506068.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	345.00	1751.43
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66342.21	504317.38
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	524886.64	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Donald A. Manzullo for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

73200.00

350926.67

(ii) Unitemized.....

5922.00

35356.18

(iii) TOTAL of contributions

79122.00

386282.85

from individuals..... ▶

750.00

4310.00

(b) Political Party Committees.....

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

92200.00

429275.61

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

172072.00

819868.46

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

345.00

1751.43

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

198.71

1491.84

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

172615.71

823111.73

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	66687.21	506068.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	39000.00	89000.00
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.....	1000.00	3600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	5100.00
21. OTHER DISBURSEMENTS.....	10189.50	75395.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	116876.71	675563.81

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	469147.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	172615.71
25. SUBTOTAL (add Line 23 and Line 24).....	641763.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	116876.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	524886.64

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> MR. Malcolm Anderberg		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 35595 Wheeler Rd		Transaction ID: 60606.C37630
City Kirkland	State IL	Zip Code 60146-8238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Dial Machine Inc.	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1495.00	

Full Name (Last, First, Middle Initial) <b>B.</b> MR. Jerry Busse		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 6551 Penguin Circle		Transaction ID: 60606.C37644
City Rockford	State IL	Zip Code 61109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Rockford Toolcraft Inc	Occupation Pres/ CEO	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>C.</b> MR. Jerry Busse		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 6551 Penguin Circle		Transaction ID: 60606.C37733
City Rockford	State IL	Zip Code 61109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rockford Toolcraft Inc	Occupation Pres/ CEO	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	625.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Funderburg, Jr

Mailing Address 2008 Glenview Rd

City State Zip Code  
Rockford IL 61107-1335

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

Name of Employer Occupation  
Alpine Bancorporation Banker

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

2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60709.C37799

Amount of Each Receipt this Period  
1250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Ralph L Kreissler

Mailing Address 10817 Whispering Pines Way

City State Zip Code  
Rockford IL 61114-6845

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

Name of Employer Occupation  
D & R Autochuck, Inc. Executive Director

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

1000.00

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

Transaction ID: 60606.C37743

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. David A Nelson

Mailing Address 118 Calloway Cove

City State Zip Code  
Loves Park IL 61111

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

Name of Employer Occupation  
Nelson Carlson Mechanical Cont Owner

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

470.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2006

Transaction ID: 60408.C37508

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. David A Nelson

Mailing Address 118 Calloway Cove

City Loves Park State IL Zip Code 61111

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

Name of Employer Nelson Carlson Mechanical Cont Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 970.00

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

Transaction ID: 60606.C37738

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Gary L Rhodes

Mailing Address 3861 N Meridian Rd

City Stillman Valley State IL Zip Code 61084-9754

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

Name of Employer The Stillman Valley Natl Bank Occupation Chairman and CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 960.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2006

Transaction ID: 60404.C37490

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. James A Schneiderman

Mailing Address 5725 S. Rock City Rd.

City German Valley State IL Zip Code 61039

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

Name of Employer German American State Bank Occupation Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4025.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2006

Transaction ID: 60709.C37828

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Leo Wahl

Mailing Address 17110 Hickory Hills Rd

City State Zip Code  
Sterling IL 61081-9309

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

Name of Employer  
Third Generation Financial LLC

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2006

Transaction ID: 60606.C37773

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. John W Castle

Mailing Address 612 Parkside Dr

City State Zip Code  
Sycamore IL 60178-2319

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

Name of Employer  
Retired

Occupation  
Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1075.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 06 / 2006

Transaction ID: 60408.C37513

Amount of Each Receipt this Period  
75.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Phillip Siebert

Mailing Address 999 Plaza Drive, Suite 710

City State Zip Code  
Schaumburg IL 60173

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

Name of Employer  
GSF Mortgage Corporation

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2006

Transaction ID: 60709.C37817

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2675.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 9 / 141</span>
	(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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Phillip Siebert

Mailing Address 999 Plaza Drive, Suite 710

City State Zip Code  
Schaumburg IL 60173

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

Name of Employer Occupation  
GSF Mortgage Corporation President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4500.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2006

Transaction ID: 60709.C37818

Amount of Each Receipt this Period  
-400.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
MRS. Karen L Siebert

Mailing Address 1381 S Parkside Dr

City State Zip Code  
Palatine IL 60067-2584

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

Name of Employer Occupation  
GSF Mtg. Corp Auditor

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

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2006

Transaction ID: 60709.C37819

Amount of Each Receipt this Period  
400.00

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

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

Mailing Address 1301 Pennsylvania Ave NW #500

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation  
Butera & Andrews Attorney

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

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2006

Transaction ID: 60606.C37611

Amount of Each Receipt this Period  
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 10 / 141</span>
	(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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. James Butera

Mailing Address 1301 Pennsylvania Ave NW #500

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation  
Butera & Andrews Attorney

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

2000.00

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

**Transaction ID:** 60606.C37689

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MRS. Ruth Aves

Mailing Address 33556 Kirkland Rd

City State Zip Code  
Kirkland IL 60146-8318

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

Name of Employer Occupation  
self employed Farmer

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

200.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2006

**Transaction ID:** 60606.C37589

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
MRS. Sue M Brubaker

Mailing Address 9 Crab Apple Ln

City State Zip Code  
Rockford IL 61107-1816

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

Name of Employer Occupation  
Housewife Information Requested

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

400.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2006

**Transaction ID:** 60709.C37865

Amount of Each Receipt this Period  
400.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MRS. Jenine Cannell Puri

Mailing Address 2587 Tanglewood Ln

City State Zip Code  
Rockford IL 61114-6544

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

Name of Employer Occupation  
Housewife Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2006

Transaction ID: 60615.C37786

Amount of Each Receipt this Period  
400.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Thomas Green

Mailing Address 2308 Vista Close

City State Zip Code  
Rockford IL 61107-1036

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

Name of Employer Occupation  
Barrick,Switzer,Long,Bals- Attorney  
eley

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

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2006

Transaction ID: 60408.C37532

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 11316 Bridgeport PL

City State Zip Code  
Belvidere IL 61008

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

Name of Employer Occupation  
Alpine Bank Banker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: 60709.C37798

Amount of Each Receipt this Period  
1250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 141
	<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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. MRS. Kathleen E Marinangel</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 2911 Sterling Dr		Transaction ID: 60709.C37866	
City State Zip Code McHenry IL 60050-2662	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer McHenry Savings Bank	Occupation Banker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. Kathleen E Marinangel</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 2911 Sterling Dr		Transaction ID: 60709.C37867	
City State Zip Code McHenry IL 60050-2662	Amount of Each Receipt this Period -1800.00		
FEC ID number of contributing federal political committee. <b>C</b>		Reattribution Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> REATTRIBUTION TO SPOUSE	
Name of Employer McHenry Savings Bank	Occupation Banker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00		

Full Name (Last, First, Middle Initial) <b>C. MR. Thomas D Harding</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2006	
Mailing Address 686 N Sharon Dr		Transaction ID: 60606.C37771	
City State Zip Code Woodstock IL 60098-3052	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Harding Real Estate, Inc.	Occupation Real Estate		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. William ODonnell

Mailing Address 2004 Bradley Rd

City State Zip Code  
Rockford IL 61107-1258

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 60606.C37774

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. John Guanci

Mailing Address 1625 N Lake Shore Dr

City State Zip Code  
Woodstock IL 60098

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

Name of Employer Precision Quincy Corp. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: 60615.C37788

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MRS. Rita L Hagenbruch

Mailing Address 404 W McKinley St

City State Zip Code  
Harvard IL 60033-2160

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

Name of Employer Housewife Occupation N/A

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

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

Transaction ID: 60606.C37764

Amount of Each Receipt this Period  
400.00

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

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
DR. Joseph F Hagenbruch

Mailing Address 404 W McKinley St

City State Zip Code  
Harvard IL 60033-2160

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

Name of Employer Self-employed Occupation  
Dentist

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3470.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2006

Transaction ID: 60411.C37539

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
DR. Joseph F Hagenbruch

Mailing Address 404 W McKinley St

City State Zip Code  
Harvard IL 60033-2160

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

Name of Employer Self-employed Occupation  
Dentist

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3970.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2006

Transaction ID: 60606.C37762

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
DR. Joseph F Hagenbruch

Mailing Address 404 W McKinley St

City State Zip Code  
Harvard IL 60033-2160

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

Name of Employer Self-employed Occupation  
Dentist

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3970.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2006

Transaction ID: 60606.C37763

Amount of Each Receipt this Period  
-400.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Roger L Lehmann

Mailing Address 602 Deerpath Rd

City State Zip Code  
Harvard IL 60033-1818

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

Name of Employer Occupation  
Harvard State Bank President

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

500.00

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

Transaction ID: 60606.C37770

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. James R Marinangel

Mailing Address 2911 Sterling Dr

City State Zip Code  
McHenry IL 60050-2662

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

Name of Employer Occupation  
McHenry Savings Bank Banker

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

1800.00

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

Transaction ID: 60709.C37868

Amount of Each Receipt this Period  
1800.00

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

**C.** Full Name (Last, First, Middle Initial)  
DR. Thomas J Skiba

Mailing Address 3712 Lee St

City State Zip Code  
McHenry IL 60050-5652

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

Name of Employer Occupation  
Crystal Lake Oral Surgery Dentist

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

2000.00

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

Transaction ID: 60411.C37540

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Samuel N Darby

Mailing Address 600 Riverside Rd

City State Zip Code  
Belvidere IL 61008-8635

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

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

Transaction ID: 60408.C37498

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Samuel N Darby

Mailing Address 600 Riverside Rd

City State Zip Code  
Belvidere IL 61008-8635

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

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

Transaction ID: 60606.C37768

Amount of Each Receipt this Period  
125.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Robert Trojan

Mailing Address 11984 Oakridge Rd

City State Zip Code  
Caledonia IL 61011-9312

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

Name of Employer Rockford Linear Actuation, Inc Occupation Pres/ceo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1550.00

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

Transaction ID: 60411.C37542

Amount of Each Receipt this Period  
125.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MRS. Eunice L Bailey

Mailing Address 5503 Maple Leaf Court

City State Zip Code  
Rockford IL 61108-8075

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

Name of Employer Occupation  
Housewife Information Requested

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

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 6

Transaction ID: 60606.C37604

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Donald L Morse

Mailing Address 1575 W. Demeter Dr.

City State Zip Code  
Freeport IL 61032-6611

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

Name of Employer Occupation  
Morse Electrical Contract-ors President

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

1000.00

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

Transaction ID: 60709.C37861

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR William L Morrow

Mailing Address 923 Baxter Ln

City State Zip Code  
Freeport IL 61032

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

Name of Employer Occupation  
The Morse Group Marketing

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

4600.00

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

Transaction ID: 60709.C37859

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR William L Morrow

Mailing Address 923 Baxter Ln

City State Zip Code  
Freeport IL 61032

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

Name of Employer Occupation  
The Morse Group Marketing

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 28 / 2006

Transaction ID: 60709.C37860

Amount of Each Receipt this Period  
-1000.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATRIBUTION/SPLIT CONTRIBUTI

**B.** Full Name (Last, First, Middle Initial)  
MR. Phillip L Miller

Mailing Address 2856 S Lowden Rd

City State Zip Code  
Oregon IL 61061-9100

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

Name of Employer Occupation  
Self-employed Investor

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 31 / 2006

Transaction ID: 60606.C37726

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Leonard Carmichael

Mailing Address 815 N Moore Rd

City State Zip Code  
Rochelle IL 61068-9723

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

Name of Employer Occupation  
Self-employed Farmer

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 15 / 2006

Transaction ID: 60606.C37583

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Keith L Irons

Mailing Address 7644 Kinnikinnick Dr

City Roscoe State IL Zip Code 61073-7809

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

Name of Employer Irons Group, Ltd Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1320.00

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

Transaction ID: 60411.C37553

Amount of Each Receipt this Period  
125.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Dale E Falconer

Mailing Address 9976 Bridgeland Rd

City Winnebago State IL Zip Code 61088-9510

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

Name of Employer Seward Screw Products Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2125.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60404.C37493

Amount of Each Receipt this Period  
75.00

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

**C.** Full Name (Last, First, Middle Initial)  
MRS. Jean A VanLandingham

Mailing Address 4236 Westfield Dr.

City Rockford State IL Zip Code 61101-6012

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

Name of Employer Homemaker Occupation N/A

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60606.C37660

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 20 / 141</span>
	(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)  
Donald A. Manzullo for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) MR. Douglas Perks</p> <p>Mailing Address 6939 Severson Rd</p> <p>City State Zip Code Rockford IL 61102-9605</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Eclipse Co. President</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">3100.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> </p> <p><b>Transaction ID:</b> 60606.C37575</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table> </p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	3		2	0	0	6													
1000.00																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) MS. Lo Rayne Logan</p> <p>Mailing Address 5422 Winding Creek Dr</p> <p>City State Zip Code Rockford IL 61114-5497</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation The Work Place President</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">850.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> </p> <p><b>Transaction ID:</b> 60411.C37573</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table> </p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	1		2	0	0	6													
250.00																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) MR. David Morgan</p> <p>Mailing Address 2326 Clinton Pl</p> <p>City State Zip Code Rockford IL 61103-4109</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation IL Machine Products President</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">225.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> </p> <p><b>Transaction ID:</b> 60411.C37535</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: right;"> <tr><td>125.00</td></tr> </table> </p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	1		2	0	0	6	125.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	1		2	0	0	6													
125.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td>1375.00</td></tr></table>	1375.00
1375.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Daniel J Nicholas

Mailing Address 2618 Harlem Blvd

City State Zip Code  
Rockford IL 61103-4118

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 60408.C37507

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. John Brubaker

Mailing Address 9 Crab Apple Ln

City State Zip Code  
Rockford IL 61107-1816

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

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

Transaction ID: 60709.C37862

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address 9 Crab Apple Ln

City State Zip Code  
Rockford IL 61107-1816

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

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

Transaction ID: 60709.C37864

Amount of Each Receipt this Period  
-400.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 141
	<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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> MR. Jonathan Whitlock		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 501 N Prospect St		Transaction ID: 60606.C37728	
City State Zip Code Rockford IL 61107-4316	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Private Investor	Occupation Self-Employed		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> MR. Daniel T Gilbert		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 1102 Nassau Pkwy		Transaction ID: 60615.C37790	
City State Zip Code Rockford IL 61107-3839	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) <b>C.</b> MRS. Vicki L Johnson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 5555 Windflower Rd		Transaction ID: 60606.C37590	
City State Zip Code Rockford IL 61107	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Housewife	Occupation housewife		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MRS. Vicki L Johnson

Mailing Address 5555 Windflower Rd

City State Zip Code  
Rockford IL 61107

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

Name of Employer Housewife Occupation housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

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

Transaction ID: 60606.C37767

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Robert R Bennehoff

Mailing Address 9011 Sheringham

City State Zip Code  
Roscoe IL 61073-8060

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1050.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2006

Transaction ID: 60404.C37492

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
DR. William R Gorski

Mailing Address 1739 Sweetbriar Ln

City State Zip Code  
Rockford IL 61107-1732

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

Name of Employer Swedish American Med. Group Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2575.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2006

Transaction ID: 60606.C37656

Amount of Each Receipt this Period  
25.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **575.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Thomas L Humphris

Mailing Address 2103 Silverthorn Dr

City State Zip Code  
Rockford IL 61107-1626

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

Name of Employer  
Humphris Kiefer & Assoc., Inc.

Occupation  
Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 60606.C37747

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Brent Johnson

Mailing Address 3828 Spring Creek Road

City State Zip Code  
Rockford IL 61107

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

Name of Employer  
Ringland-Johnson, Inc.

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

**Transaction ID:** 60606.C37727

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Howard E Sorenson

Mailing Address 4854 Braewild Rd

City State Zip Code  
Rockford IL 61107-1606

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

Name of Employer  
Lindstrom, Sorenson & Assoc

Occupation  
CPA

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
230.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

**Transaction ID:** 60709.C37852

Amount of Each Receipt this Period  
125.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1625.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. John D Lanpher

Mailing Address 5309 Regents Park Rd

City State Zip Code  
Rockford IL 61107-5092

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

Name of Employer Occupation  
Lanpher, Shappert & Assoc. Attorney

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

225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 6

Transaction ID: 60606.C37591

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Charles R Lindstrom

Mailing Address 6889 Rote Rd.

City State Zip Code  
Rockford IL 61107-2664

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

Name of Employer Occupation  
Lindstrom, Sorenson & Assoc. President

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

1230.00

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

Transaction ID: 60709.C37855

Amount of Each Receipt this Period  
125.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Roger E Olson

Mailing Address 1261 Brandywine Dr

City State Zip Code  
Rockford IL 61108-4301

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

Name of Employer Occupation  
Andco Distributors, Inc. Retired

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

230.00

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

Transaction ID: 60709.C37854

Amount of Each Receipt this Period  
125.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR Craig A Shelton

Mailing Address 6423 Spring Hill Ct

City State Zip Code  
Rockford IL 61108-1506

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

Name of Employer Area Erectors Inc. Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 18 / 2006

Transaction ID: 60606.C37634

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Sunil Puri

Mailing Address 2587 Tanglewood Ln

City State Zip Code  
Rockford IL 61114-6544

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

Name of Employer First Rockford Group Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 09 / 2006

Transaction ID: 60615.C37785

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Brent Brodeski

Mailing Address 5132 Parliament Place

City State Zip Code  
Rockford IL 61107

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

Name of Employer Savant Financial Services Occupation financial planner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
525.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 15 / 2006

Transaction ID: 60606.C37605

Amount of Each Receipt this Period  
125.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3225.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 141
	<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)  
Donald A. Manzullo for Congress

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

Mailing Address 3903 Landstrom Rd

City State Zip Code  
Rockford IL 61114-6132

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

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60408.C37511

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Ronald D Dierks

Mailing Address 9302 Reserve Dr.

City State Zip Code  
Caledonia IL 61011-9666

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

Name of Employer Dierks Foods, Inc. Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1025.00

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

Transaction ID: 60411.C37559

Amount of Each Receipt this Period  
25.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Philip McDonald

Mailing Address 4402 Tallwood Ave

City State Zip Code  
Rockford IL 61114-6055

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

Name of Employer Magnified Promotions Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

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

Transaction ID: 60606.C37736

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	525.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Robert Meuleman

Mailing Address 5340 Winding Creek Dr

City State Zip Code  
Rockford IL 61114

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

Name of Employer Amcore Financial, Inc. Occupation Chairman of the Board

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 28 / 2006

Transaction ID: 60709.C37844

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Kent A Mallquist

Mailing Address 2802 Cotswold Cir.

City State Zip Code  
Rockford IL 61114-6390

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

Name of Employer Alhark Corporation Occupation Executive Dir. Human Res.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 02 / 2006

Transaction ID: 60606.C37735

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
DR. Richard E Nora

Mailing Address 1668 Hidden Creek Ln

City State Zip Code  
Belvidere IL 61008-7910

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

Name of Employer Nem./Onc. Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 06 / 2006

Transaction ID: 60606.C37766

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 141  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Robert B Bennett

Mailing Address 1764 Foxwood Ct

City State Zip Code  
Rockford IL 61107-2408

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

Name of Employer Occupation  
Robert Bennett & Blascoe Owner  
LLP

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

500.00

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

Transaction ID: 60606.C37713

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Holmstrom, ., JR

Mailing Address 934 Nassau Pkwy

City State Zip Code  
Rockford IL 61107-3868

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

Name of Employer Occupation  
Retired Attorney

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

200.00

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

Transaction ID: 60606.C37663

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MRS. Shirley A Eicksteadt

Mailing Address 200 West St.

City State Zip Code  
Marengo IL 60152-2162

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

Name of Employer Occupation  
McHenry County ESDA secretary

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

380.00

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

Transaction ID: 60709.C37821

Amount of Each Receipt this Period  
200.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Steven E Clark

Mailing Address 5495 Roanoke Road

City State Zip Code  
Rockford IL 61107-1687

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

Name of Employer Occupation  
Doyle and Associates Realtor

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

250.00

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

Transaction ID: 60606.C37745

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. David L Black

Mailing Address 6459 Shiloh Close

City State Zip Code  
Rockford IL 61107-2663

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

Name of Employer Occupation  
Title Underwriters Agency President

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

500.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2006

Transaction ID: 60606.C37597

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2610 Spring Creek Rd

City State Zip Code  
Rockford IL 61107-1066

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

Name of Employer Occupation  
Rockford Anesthesiologists Ass Physician

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

250.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2006

Transaction ID: 60408.C37499

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 141
	<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)  
Donald A. Manzullo for Congress

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

Mailing Address 6558 Marlo Drive

City Falls Church State VA Zip Code 22042-4310

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

Name of Employer Assoc. Small Bus Dev. Ctr. Occupation Pres/ CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60606.C37753

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 915 Second Street  
PO Box 206

City Fulton State IL Zip Code 61252

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

Name of Employer Brinkman Building Center Occupation Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2006

Transaction ID: 60606.C37676

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
MS. Janet Corirossi

Mailing Address PO Box 4501

City Rockford State IL Zip Code 61110

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2006

Transaction ID: 60606.C37658

Amount of Each Receipt this Period  
100.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 141
	<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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Jack Myers</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address PO Box 298		<b>Transaction ID: 60408.C37530</b>	
City State Zip Code Freeport IL 61032		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Jack H Myers Consulting Inc	Occupation Owner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Morongo Band Of Misson Indians</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address Morongo Band Of Misson Indians PO Box 366		<b>Transaction ID: 60606.C37699</b>	
City State Zip Code Cabazon CA 92230-0366		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Tribe	Occupation Tribe		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. MR. Thomas Lassandro</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 732 Meadow Crossing Trail		<b>Transaction ID: 60606.C37618</b>	
City State Zip Code Roscoe IL 61073		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Belvidere Area Chamber of Comm	Occupation Executive Director		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Thomas Lassandro

Mailing Address 732 Meadow Crossing Trail

City Roscoe State IL Zip Code 61073

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

Name of Employer Belvidere Area Chamber of Comm  
Occupation Executive Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 6

Transaction ID: 60606.C37616

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Thomas Lassandro

Mailing Address 732 Meadow Crossing Trail

City Roscoe State IL Zip Code 61073

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

Name of Employer Belvidere Area Chamber of Comm  
Occupation Executive Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

Transaction ID: 60709.C37832

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Stephen Gaddis

Mailing Address 3106 North Rockton Avenue

City Rockford State IL Zip Code 61103

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

Name of Employer Foresight Financial Group, Inc  
Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 60709.C37829

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 141
	<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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. MR. William Jones</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 280 Poteet Ave		<b>Transaction ID: 60606.C37757</b>	
City State Zip Code Barrington IL 60010		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cummins-Allison Corporation	Occupation Chairman and CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00		

Full Name (Last, First, Middle Initial) <b>B. MR. Robert Wimmer</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 7303 Shillington Dr		<b>Transaction ID: 60606.C37632</b>	
City State Zip Code Belvidere IL 61107		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Aqua Aerobic	Occupation President & CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00		

Full Name (Last, First, Middle Initial) <b>C. MR. Robert Wimmer</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 7303 Shillington Dr		<b>Transaction ID: 60709.C37814</b>	
City State Zip Code Belvidere IL 61107		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Aqua Aerobic	Occupation President & CEO		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Robert Wimmer

Mailing Address 7303 Shillington Dr

City State Zip Code  
Belvidere IL 61107

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

Name of Employer Occupation  
Aqua Aerobic President & CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60709.C37815

Amount of Each Receipt this Period  
-1800.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
MR. Curt Lansbery

Mailing Address 215 Elmwood Avenue

City State Zip Code  
South Beloit IL 61080

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

Name of Employer Occupation  
North American Tool Corp President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 15 / 2006

Transaction ID: 60606.C37582

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Hugh Funderburg

Mailing Address 12913 Melrose Rd

City State Zip Code  
Rockford IL 61011

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

Name of Employer Occupation  
Self-employed Investor

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

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 06 / 2006

Transaction ID: 60408.C37529

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Stacey Vaughn

Mailing Address 10518 Ventura Blvd

City State Zip Code  
Machesney Park IL 61115

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

Name of Employer Occupation  
Vaughns Home Furnishings, Inc Sales Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 920.00

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

**Transaction ID:** 60709.C37850

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Scott Kitzman

Mailing Address 1804 Council Crest Drive

City State Zip Code  
Rockford IL 61107

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

Name of Employer Occupation  
Kitzmans Ltd. Corporate Officer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 920.00

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

**Transaction ID:** 60606.C37739

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 3203 Oxfordshire Ln

City State Zip Code  
Spring Grove IL 60081

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

Name of Employer Occupation  
Termax Corp. Vice President of Operations

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

**Transaction ID:** 60606.C37730

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Lew Crampton

Mailing Address 737 N Main St

City State Zip Code  
Rockford IL 61103

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

Name of Employer Burpee Art Museum  
Occupation President & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3025.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 18 / 2006

Transaction ID: 60606.C37638

Amount of Each Receipt this Period  
25.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. John Jones

Mailing Address 43 Longmeadow Rd

City State Zip Code  
Winnetka IL 60093

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

Name of Employer Cummins-Allison Corporation  
Occupation Retired, Chairman Emeritus

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2006

Transaction ID: 60606.C37758

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Joseph Scandrolì

Mailing Address 5578 Windflower Rd

City State Zip Code  
Rockford IL 61107

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

Name of Employer Scandrolì Construction Co.  
Occupation General Contractor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2006

Transaction ID: 60606.C37628

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2225.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. William Kliethermes

Mailing Address 3590 Birchwood Dr.

City State Zip Code  
Belvidere IL 61008

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

Name of Employer Occupation  
Rockford Mutual Ins. Co President & CEO

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

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

Transaction ID: 60615.C37789

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1635 Hidden Creek Ln

City State Zip Code  
Belvidere IL 61008

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

Name of Employer Occupation  
MD At Home Physician

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

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

Transaction ID: 60709.C37849

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. David Byrnes

Mailing Address 941 Thickett Trail

City State Zip Code  
Roscoe IL 61073

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

Name of Employer Occupation  
Midway Village & Museum Center President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 495.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 6

Transaction ID: 60606.C37596

Amount of Each Receipt this Period  
25.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>775.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Bernard Bertsche

Mailing Address 41W872 White Oak Ln

City State Zip Code  
Saint Charles IL 60175

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

Name of Employer CamCraft Inc. Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60709.C37846

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Jeffrey Scott

Mailing Address 6 Saint Cronan Ct

City State Zip Code  
Cary IL 60013

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

Name of Employer American Enterprise Bank Occupation SVP Division Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2550.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2006

Transaction ID: 60408.C37531

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
MRS. Elaine Long

Mailing Address 408 East 12th St

City State Zip Code  
Pecatonica IL 61063-9566

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2006

Transaction ID: 60411.C37549

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MRS. Ann Sullivan

Mailing Address 1408 Layman Street

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Occupation  
Madison Corporate Group, Inc. Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 60606.C37752

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Gary Youmans

Mailing Address 32206 Corte Chatada

City State Zip Code  
Temecula CA 92592

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

Name of Employer Occupation  
Community National Bank Exec VP

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60709.C37806

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Martin Lipsky

Mailing Address 5810 Coachman Ct.

City State Zip Code  
Rockford IL 61107-2508

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

Name of Employer Occupation  
U of I College of Medicine Rk Dean

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 0 6

Transaction ID: 60606.C37574

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MS. Linda Niemiec

Mailing Address 728 N. Highland Ave.

City State Zip Code  
Rockford IL 61107-3211

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

Name of Employer Occupation  
Crusader Clinic Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
315.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

**Transaction ID:** 60404.C37484

Amount of Each Receipt this Period  
25.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Brent Myers

Mailing Address 725 Periwinkle Turn

City State Zip Code  
Bourbonnais IL 60914

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

Name of Employer Occupation  
State Bank of Davis Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

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

**Transaction ID:** 60709.C37830

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 2261 Mallard Dr.

City State Zip Code  
Freeport IL 61032

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
470.00

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

**Transaction ID:** 60408.C37525

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. James Kleindl

Mailing Address 2261 Mallard Dr.

City State Zip Code  
Freeport IL 61032

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 970.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** 60615.C37791

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Francis Fanning

Mailing Address 2450 W Hubbard St

City State Zip Code  
Chicago IL 60612

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

Name of Employer Requested - Not provided Occupation Information Requested

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

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2006

**Transaction ID:** 60408.C37519

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
MS. Judith Roussel

Mailing Address One North Bishop #5

City State Zip Code  
Chicago IL 60607

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

Name of Employer US Govt SBA Occupation Senior Executive

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

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

**Transaction ID:** 60606.C37682

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Leonard DeFranco

Mailing Address 2311 W 22nd Suite 217  
Two Oak Brook Place

City State Zip Code  
Oak Brook IL 60523

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

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

Transaction ID: 60408.C37518

Amount of Each Receipt this Period  
25.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Michael Straeck

Mailing Address 295 Troy Del Way

City State Zip Code  
Buffalo NY 14221

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

Name of Employer Occupation  
Buffalo Ultrasound President, Manager

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

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

Transaction ID: 60615.C37784

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MRS. Kathryn Buettner

Mailing Address 1547 Huntleigh Dr.

City State Zip Code  
Wheaton IL 60187

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

Name of Employer Occupation  
Northern IL University Vice Pres.

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.00

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

Transaction ID: 60411.C37562

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Gordon Eggers, JR

Mailing Address 10729 Whispering Pines Way

City State Zip Code  
Rockford IL 61114-6843

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

Name of Employer Occupation  
Crusader Clinic CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 19 / 2006

Transaction ID: 60606.C37654

Amount of Each Receipt this Period  
25.00

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

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

Mailing Address 7239 Mabels Way

City State Zip Code  
Loves Park IL 61111

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

Name of Employer Occupation  
Woodward Governor Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 15 / 2006

Transaction ID: 60606.C37607

Amount of Each Receipt this Period  
125.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jass Investments

Mailing Address 7210 E State St.  
Attention: Jan Mansfield

City State Zip Code  
Rockford IL 61108

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

Name of Employer Occupation  
Century 21 Country North, Inc. Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 15 / 2006

Transaction ID: 60606.C37598

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR Andrew Faville

Mailing Address 625 N First St

City State Zip Code  
Geneva IL 60134

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

Name of Employer Occupation  
Tribology Institute Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
525.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60404.C37495

Amount of Each Receipt this Period  
25.00

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

**B.** Full Name (Last, First, Middle Initial)  
DR. Keith Suchy, DDS

Mailing Address 2445 Nelson Square

City State Zip Code  
Westchester IL 60154

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

Name of Employer Occupation  
self employed Dentist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

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

Transaction ID: 60411.C37541

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Nicolosi & Associates

Mailing Address 363 Fianancial Ct, Ste 100

City State Zip Code  
Rockford IL 61107

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

Transaction ID: 60606.C37708

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	575.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 141
	<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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. MRS Rachel Chacko</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 4 De Veaux Ct		Transaction ID: 60606.C37716	
City State Zip Code South Barrington IL 60010	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Metro Warehouse Occupation Warehouse/Distribution Preside	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>B. MR Kappana Ramanandan</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 51 Katrina Ln		Transaction ID: 60606.C37717	
City State Zip Code Sleepy Hollow IL 60118	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Requested - Not provided Occupation Requested	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>C. Froilan Concepcion</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 25 New Abbey Dr		Transaction ID: 60606.C37718	
City State Zip Code Inverness IL 60010-6181	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Executive Director Occupation Executive	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 2000.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Jc Watts,, JR

Mailing Address 3512 Rose Crest Ln

City State Zip Code  
Fairfax VA 22033-1636

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

Name of Employer Occupation  
The J.C. Watts Companies President

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

500.00

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

Transaction ID: 60606.C37749

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MRS. Ingrid Wimmer

Mailing Address 7303 Shillington Dr

City State Zip Code  
Rockford IL 61107

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

Name of Employer Occupation  
Housewife Information Requested

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

1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60709.C37796

Amount of Each Receipt this Period  
1800.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Kirk Fullerton

Mailing Address 1030 Wind Ridge Dr.

City State Zip Code  
Duncanville TX 75137

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

Name of Employer Occupation  
Compass Bank SBA Lending Manager

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60709.C37805

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Gregory Clarkson

Mailing Address 10002 Max Lane

City State Zip Code  
Frisco TX 75035

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

Name of Employer Occupation  
Compass Bank Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60709.C37807

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1475 Barton Drive

City State Zip Code  
Fort Washington PA 19034

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

Name of Employer Occupation  
Starfield & Smith, PC Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60709.C37809

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Dennis Helmick

Mailing Address 2627 Eastlake Ave. East

City State Zip Code  
Seattle WA 98102

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

Name of Employer Occupation  
Exchange Facilitator Corp President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2006

Transaction ID: 60709.C37820

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Andrew Gustafson

Mailing Address 4079 Burning Tree Dr

City State Zip Code  
Destin FL 32541

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

Name of Employer  
Old South 1031 Exchange Service

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60709.C37834

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MS. Cecily Drucker

Mailing Address 224 Magee Avenue

City State Zip Code  
Mill Valley CA 94941

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

Name of Employer  
Self-employed

Occupation  
Tax Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60709.C37835

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ralph Bunje, ., JR

Mailing Address 108 Goldhunter Ct

City State Zip Code  
San Mateo CA 94404-1304

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

Name of Employer  
Reverse Exchange Services, Inc

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60709.C37836

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 141
	<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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Robert Bunje

Mailing Address 198 Arquello Blvd

City State Zip Code  
San Francisco CA 94118

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

Name of Employer Occupation  
Independent Exchange Services, Exec VP

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

500.00

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

Transaction ID: 60709.C37837

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 18634 6th Avenue SW

City State Zip Code  
Seattle WA 98166-3987

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

Name of Employer Occupation  
1031 Services, Inc. Attorney

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

1000.00

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

Transaction ID: 60709.C37838

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. James Bailey, ., JR

Mailing Address 921 Old Leicester Hwy

City State Zip Code  
Asheville NC 28806

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

Name of Employer Occupation  
1031 Exchange Services, LLC President

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

2100.00

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

Transaction ID: 60709.C37839

Amount of Each Receipt this Period  
2100.00

Receipt  
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 141
	<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)  
Donald A. Manzullo for Congress

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

Mailing Address 80 Thornhill Drive

City State Zip Code  
Brunswick GA 31525

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

Name of Employer Occupation  
Schell & Hogan LLP CPA

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

500.00

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

Transaction ID: 60709.C37840

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
MR. Ronald Raitz

Mailing Address 3326 Aylesbury Court

City State Zip Code  
Marietta GA 30062

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

Name of Employer Occupation  
Real Estate Exchange Services Consultant

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

2100.00

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

Transaction ID: 60709.C37841

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
MR. Jonathan Mark Vandenheuvel

Mailing Address 8210 Athena Ln

City State Zip Code  
Severn MD 21144-2531

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

Name of Employer Occupation  
Requested - Not provided Information Requested

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

250.00

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

Transaction ID: 60709.C37842

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 52 / 141	
	(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)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR William B Choate,, JR

Mailing Address 2241 Pinewood Cir

City	State	Zip Code
Charlotte	NC	28211

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

Name of Employer Realty Exchange	Occupation President
-------------------------------------	-------------------------

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	6

Transaction ID: 60709.C37869

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	73200.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Citizens to Elect Phyllis Walters</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2006	
Mailing Address Mrs Phyllis Walters McHenry County Recorder		<b>Transaction ID: 60709.C37797</b>	
City Algonquin	State IL	Zip Code 60102	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) <b>B. Syverson for Senate</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2006	
Mailing Address PO Box 1600 IL State Senate		<b>Transaction ID: 60408.C37524</b>	
City Rockford	State IL	Zip Code 61110-0100	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 55.00		

Full Name (Last, First, Middle Initial) <b>C. Wirth for Sheriff</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2006	
Mailing Address 1024 W. 5th St.		<b>Transaction ID: 60606.C37601</b>	
City Belvidere	State IL	Zip Code 61008-5008	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Boone County	Occupation Boone County Sheriff		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 50.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	175.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 141
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Citizens to Elect Sheriff Nygren</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2006	
Mailing Address 1516 Vermont Rd. Margaret Grell, Treasurer		<b>Transaction ID: 60615.C37777</b>	
City State Zip Code Woodstock IL 60098-8844		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Jo Daviess County Young Republicans</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2006	
Mailing Address PO Box 41		<b>Transaction ID: 60606.C37640</b>	
City State Zip Code Galena IL 61036		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 90.00	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Todd A. Walker</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2006	
Mailing Address 715 Cottonwood Circle		<b>Transaction ID: 60411.C37563</b>	
City State Zip Code Genoa IL 60135		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation City of Genoa Mayor			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	575.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	750.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

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

Mailing Address Caterpillar Emp PAC  
1425 K St, NW Ste 400

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37702

Amount of Each Receipt this Period  
5000.00

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

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

Mailing Address IL Tool Works PAC  
3600 West Lake Avenue

City Glenview State IL Zip Code 60025

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: 60606.C37724

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Goodyear Good Govt Fund

Mailing Address Goodyear Good Govt Fund  
1420 New York Avenue, NW, Ste 200

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60404.C37478

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) ECOPAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6	
Mailing Address Ecolab PAC Ecolab Center		<b>Transaction ID:</b> 60709.C37845	
City State Zip Code Saint Paul MN 55102-1390		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) ADPAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address American Dental PAC 1111-14th Street, N. W., Suite 110		<b>Transaction ID:</b> 60606.C37610	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) AGC PAC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address Assoc Gen Contractors PAC 333 John Carlyle St., Ste 200		<b>Transaction ID:</b> 60404.C37479	
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
AT&T Illinois PAC

Mailing Address AT&T Corporation PAC  
1401 I Street, NW Ste 1100

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 6

Transaction ID: 60606.C37673

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Action Comm. for Rural Electrifica  
4301 Wilson Boulevard

City Arlington State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2200.00

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

Transaction ID: 60606.C37755

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Am Inst of Certified Public Accoun  
1455 Pennsylvania Ave, NW, 4th Flo

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

Transaction ID: 60606.C37711

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 58 / 141  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

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

Mailing Address Am Soc of Travel Agents PAC  
1101 King Street, Suite 200

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: 60606.C37723

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Auction Mkt PAC of the Cgo Bd of T  
1455 Pennsylvania Ave NW, Ste 1225

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: 60606.C37719

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Boeing Company PAC  
PO Box 3707, MS 14-49

City State Zip Code  
Seattle WA 98124

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

Transaction ID: 60606.C37706

Amount of Each Receipt this Period  
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

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

Mailing Address Boeing Company PAC  
PO Box 3707, MS 14-49

City State Zip Code  
Seattle WA 98124

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2006

Transaction ID: 60709.C37792

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Hogan & Hartson PAC

Mailing Address Hogan & Hartson PAC  
555 Thirteenth St, NW, 8th Fl W To

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: 60606.C37722

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address IL Assoc of Mortgage Brokers  
350 W 22nd St. Ste 104

City State Zip Code  
Lombard IL 60148

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2006

Transaction ID: 60411.C37565

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 141  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

**A.** IAMB  
 Full Name (Last, First, Middle Initial)  
 Mailing Address IL Assoc of Mortgage Brokers  
 350 W 22nd St. Ste 104  
 City Lombard State IL Zip Code 60148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 9 / 2 0 0 6  
**Transaction ID:** 60615.C37783  
 Amount of Each Receipt this Period  
 2500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** CULAC  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Credit Union Leg Action Council  
 601 Pennsylvania Ave, NW, S, Ste 6  
 City Washington State DC Zip Code 20004-2601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 8120.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 6  
**Transaction ID:** 60606.C37715  
 Amount of Each Receipt this Period  
 2200.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** CULAC  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Credit Union Leg Action Council  
 601 Pennsylvania Ave, NW, S, Ste 6  
 City Washington State DC Zip Code 20004-2601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 8620.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6  
**Transaction ID:** 60709.C37851  
 Amount of Each Receipt this Period  
 500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5200.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. ICBPAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address Indep Community Bankers PAC One Thomas Circle, NW Ste 400		Transaction ID: 60606.C37769	
City Washington	State DC	Amount of Each Receipt this Period 2500.00	
Zip Code 20005		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) <b>B. AAOS PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address Am Assn of Orthopedic Surgeons 317 Massachusetts Avenue NE, Suite		Transaction ID: 60606.C37685	
City Washington	State DC	Amount of Each Receipt this Period 1000.00	
Zip Code 20002-5701		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Lumber Dealers PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address Lumber Dealers PAC 900 2nd St NE Ste 305		Transaction ID: 60606.C37683	
City Washington	State DC	Amount of Each Receipt this Period 1000.00	
Zip Code 20002-3558		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 141
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) CNA Citizens for Good Government PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address CNA Citizens for Good Government P CNA Plaza		<b>Transaction ID:</b> 60606.C37700	
City State Zip Code Chicago IL 60685-0001		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Wells Fargo Employee PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address Wells Fargo Employee PAC Sixth & Marquette		<b>Transaction ID:</b> 60606.C37740	
City State Zip Code Minneapolis MN 55479-0001		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) AHAPAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address Am Hospital Assn PAC 325 Seventh St., NW #700		<b>Transaction ID:</b> 60606.C37761	
City State Zip Code Washington DC 20004-2802		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Pricewaterhouse Coopers PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address Pricewaterhouse Coopers PAC 1900 K Street, NW, Ste 900		Transaction ID: 60606.C37688
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. NAGGL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address Natl Assoc of Govt Guaranteed Lend PO Box 332		Transaction ID: 60709.C37808
City Stillwater State OK Zip Code 74076	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. 504 PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 504 PAC 6764 Old McLean Village		Transaction ID: 60606.C37692
City Mc Lean State VA Zip Code 22101	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 141  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

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

Mailing Address National Venture Capital Associati  
1655 North Fort Myer Drive, Suite

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

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

Transaction ID: 60606.C37754

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address Exelon Corporation PAC  
PO Box 805379

City Chicago State IL Zip Code 60680-5379

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2006

Transaction ID: 60404.C37480

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Exelon Corporation PAC  
PO Box 805379

City Chicago State IL Zip Code 60680-5379

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2006

Transaction ID: 60411.C37545

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

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

Mailing Address Natl Community Pharmacists Assoc P  
205 Daingerfield Road

City State Zip Code  
Alexandria VA 22314-2885

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37698

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Natl Assoc of Chain Drug Stores PA  
413 North Lee Street

City State Zip Code  
Alexandria VA 22313-1480

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37684

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Wal-Mart Inc, PAC for Responsible  
702 SW 8th Street

City State Zip Code  
Bentonville AR 72716-8071

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 6

Transaction ID: 60606.C37612

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

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

Mailing Address Franchising PAC  
1350 New York Svc. NW #900

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37686

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Cendant Corporation PAC  
1 CAMPUS WAY

City Parsippany State NJ Zip Code 07054

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37687

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Appraisal Institute PAC  
2600 Virginia Avenue, NW, Suite 12

City Washington State DC Zip Code 20037

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60404.C37482

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 67 / 141  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Donald A. Manzullo for Congress

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

Mailing Address US Bankcorp Political Participatio  
800 Nicollet Mall BC-MN-H21O

City State Zip Code  
Minneapolis MN 55402

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2006

Transaction ID: 60709.C37811

Amount of Each Receipt this Period  
3000.00

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

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

Mailing Address National Funeral Directors Assoc.  
13625 Bishops Drive

City State Zip Code  
Brookfield WI 53005-6607

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 09 / 2006

Transaction ID: 60606.C37703

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Natl Court Reporters Assn PAC

Mailing Address Natl Court Reporters Assn PAC  
8224 Old Courthouse Road

City State Zip Code  
Vienna VA 22182-3808

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 06 / 2006

Transaction ID: 60606.C37760

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 68 / 141  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

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

Mailing Address Soc. of Independent Gasoline Marke  
11911 Freedom Dr., Ste 590

City Reston State VA Zip Code 20190-5602

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60709.C37802

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address Precision Metalforming Assn PAC  
6363 Oak Tree Blvd

City Independence State OH Zip Code 44131-2500

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60709.C37803

Amount of Each Receipt this Period  
3000.00

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

**C.** Full Name (Last, First, Middle Initial)  
NOPA-OFDA PAC

Mailing Address Natl Office Products-Office Funit  
11240 Waples Mill Rd. Ste 200

City Fairfax State VA Zip Code 22030

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 1 / 2 0 0 6

Transaction ID: 60606.C37674

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 69 / 141  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

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

Mailing Address Alticor PAC  
7575 E. Fulton St.

City State Zip Code  
Ada MI 49355-0001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

**Transaction ID:** 60709.C37800

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Attorneys Title Guaranty Fund, Inc. PAC

Mailing Address Attorneys Title Guaranty Fund, Inc  
2408 Windsor Place, PO Box 9136

City State Zip Code  
Champaign IL 61826-9136

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

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

**Transaction ID:** 60709.C37793

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address National Beer Wholesalers Assn PAC  
1100 King Street, Suite 600

City State Zip Code  
Alexandria VA 22314-2944

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

**Transaction ID:** 60606.C37705

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

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

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

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

FOR LINE NUMBER: PAGE 70 / 141  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

**A.** ServiceMaster PAC  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ServiceMaster PAC  
 3250 Lacey Rd., Ste 600  
 City Downers Grove State IL Zip Code 60515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6  
**Transaction ID:** 60606.C37732  
 Amount of Each Receipt this Period  
 2500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** MINEPAC  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Natl Mining Assn PAC  
 101 Constitution Ave. NW, Ste. 500  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 5 / 2 0 0 6  
**Transaction ID:** 60606.C37681  
 Amount of Each Receipt this Period  
 500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Emerson Electric Co. Responsible PAC  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emerson Electric Co. Responsible  
 8000 W. Florissant Ave.  
 City Saint Louis State MO Zip Code 63136-1414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 3 / 2 0 0 6  
**Transaction ID:** 60709.C37794  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
STAR-Pac

Mailing Address National Star Route Mail Contracto  
324 E Capital St

City State Zip Code  
Washington DC 20003

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

Name of Employer National Star Route MailC-  
ontra Occupation Ex Director

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60404.C37481

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
STAR-Pac

Mailing Address National Star Route Mail Contracto  
324 E Capital St

City State Zip Code  
Washington DC 20003

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

Name of Employer National Star Route MailC-  
ontra Occupation Ex Director

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37697

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Employee Stock Ownership Plan  
1726 M St. NW Ste 501

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

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

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

Transaction ID: 60606.C37751

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 141  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

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

Mailing Address Property Casualty Insurers Assoc o  
444 N Capitol St NW Suite 801

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37701

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Wachovia Employees Good Govt.PAC

Mailing Address Wachovia Employees Good Govt.PAC  
NC0630301 S College St.

City State Zip Code  
Charlotte NC 28288-0630

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60709.C37810

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Automotive Aftermarket PAC  
7101 Wisconsin Avenue, Ste 1300

City State Zip Code  
Bethesda MD 20814-3415

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: 60606.C37731

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 73 / 141  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
B&D Sagamore PAC

Mailing Address B&D Sagamore PAC  
805 -15th Street, NW Suite 700

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37696

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address National Marine Manufacturers Assn  
444 N Capitol St NW Ste 645

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37691

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
U.S. -Cuba Democracy PAC

Mailing Address U.S. -Cuba Democracy PAC  
2020 Pennsylvania Ave., NW #930

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: 60606.C37725

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 74 / 141  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

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

Mailing Address Intl Council of Shopping Centers P  
1033 N Fairfax St. Ste 404

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: 60606.C37721

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address J.P. Morgan Chase & Co. PAC  
270 Park Avenue

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

Transaction ID: 60606.C37707

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address US-India PAC  
PO Box 222424

City State Zip Code  
Chantilly VA 20153

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37695

Amount of Each Receipt this Period  
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 141
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. CoalPAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 6	
Mailing Address National Mining Association 101 Constitution Ave. NW Ste 500E		Transaction ID: 60606.C37680	
City Washington State DC Zip Code 20001		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Cummins-Allison PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address Cummins-Allison PAC 1919 Algonquin Rd		Transaction ID: 60606.C37756	
City Mount Prospect State IL Zip Code 60056		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. CashAmerica</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address Cash America Intl Inc PAC 1600 W 7th St		Transaction ID: 60606.C37690	
City Fort Worth State TX Zip Code 76102		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 141
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

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

Mailing Address Aircraft Owners & Pilots Assoc PAC  
601 Pennsylvania Ave, NW Ste 875,

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37693

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
McGuire Woods Federal PAC Fund

Mailing Address McGuire Woods Fed PAC Fund  
1050 Connecticut Ave, NW, Ste 1200

City State Zip Code  
Washington DC 20036-5317

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

Transaction ID: 60606.C37694

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	92200.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 141	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Insurance Liberty Mutual

Mailing Address 75 Remittance Dr., Suite 1837

City State Zip Code  
Chicago IL 60675-1837

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

362.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 17 / 2006

Transaction ID: 60606.C37623

Amount of Each Receipt this Period

345.00

Offsets to Operating Expenditure

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	345.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	345.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 78 / 141</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Amcore Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2006	
Mailing Address 501 7th St		Transaction ID: 60606.C37776	
City Rockford	State IL	Zip Code 61104-1242	Amount of Each Receipt this Period 65.49
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1188.62			

Full Name (Last, First, Middle Initial) <b>B. Amcore Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2006	
Mailing Address 501 7th St		Transaction ID: 60606.C37775	
City Rockford	State IL	Zip Code 61104-1242	Amount of Each Receipt this Period 67.69
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1256.31			

Full Name (Last, First, Middle Initial) <b>C. Amcore Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2006	
Mailing Address 501 7th St		Transaction ID: 60709.C37889	
City Rockford	State IL	Zip Code 61104-1242	Amount of Each Receipt this Period 65.53
FEC ID number of contributing federal political committee. C		Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1321.84			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	198.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	198.71

# 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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Crystal Lake Chamber of Commerce</b>		<b>Transaction ID:</b> 60709.E11130 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 427 W Virginia St		Amount of Each Disbursement this Period 155.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Crystal Lake State IL Zip Code 60014-5959	Category/Type	
Purpose of Disbursement MEMBERSHIP FEE	Candidate Name	MEMBERSHIP FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Frank Sexton</b>		<b>Transaction ID:</b> 60606.E11011 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 20404 St. Barth Court		Amount of Each Disbursement this Period 183.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Marengo State IL Zip Code 60152-	Category/Type	
Purpose of Disbursement WAGES	Candidate Name	WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Infinite Marketing</b>		<b>Transaction ID:</b> 60615.E11122 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 125 Poplar Drive		Amount of Each Disbursement this Period 3224.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Elizabeth State IL Zip Code 61028-	Category/Type	
Purpose of Disbursement EVENT EXPENSE	Candidate Name	EVENT EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3562.57</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Illinois Department of Employment Sec</b>		<b>Transaction ID:</b> 60606.E11090 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address PO Box 803414		Amount of Each Disbursement this Period 244.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60680-3414	ILLINOIS UNEMPLOYMENT TAX-ES	
Purpose of Disbursement ILLINOIS UNEMPLOYMENT TAXES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Susan Bock</b>		<b>Transaction ID:</b> 60606.E11014 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 6004 Smith Rd		Amount of Each Disbursement this Period 222.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Crystal Lake State IL Zip Code 60014-4614	WAGES	
Purpose of Disbursement WAGES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Belvidere Chamber of Commerce</b>		<b>Transaction ID:</b> 60606.E11078 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 200 S. State		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Belvidere State IL Zip Code 61008-3687	ADVERTISING EXPENSE	
Purpose of Disbursement ADVERTISING EXPENSE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	517.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Julie Yock</p> <p>Mailing Address 326 N. Chicago Ave.</p>		<p><b>Transaction ID:</b> 60606.E11034 <b>Date of Disbursement</b> 05 / 24 / 2006</p>
<p>City Rockford State IL Zip Code 61107-4406</p>	<p>Amount of Each Disbursement this Period 69.03</p>	
<p>Purpose of Disbursement EXP RPT 5/24/06 SEE BELOW:</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
		<p>EXP RPT 5/24/06 SEE BELOW:</p>

<p><b>B.</b> Full Name (Last, First, Middle Initial) Julie Yock</p> <p>Mailing Address 326 N. Chicago Ave.</p>		<p><b>Transaction ID:</b> 60606.E11035 <b>Date of Disbursement</b> 05 / 22 / 2006</p>
<p>City Rockford State IL Zip Code 61107-4406</p>	<p>Amount of Each Disbursement this Period 64.97</p>	
<p>Purpose of Disbursement MILEAGE</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
		<p><b>[MEMO ITEM]</b> MEMO: MILEAGE</p>

<p><b>C.</b> Full Name (Last, First, Middle Initial) Paninos Restaurant</p> <p>Mailing Address 5403 E State St</p>		<p><b>Transaction ID:</b> 60606.E11036 <b>Date of Disbursement</b> 05 / 18 / 2006</p>
<p>City Rockford State IL Zip Code 61108-2337</p>	<p>Amount of Each Disbursement this Period 4.06</p>	
<p>Purpose of Disbursement VOLUNTEER EXPENSE</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
		<p><b>[MEMO ITEM]</b> MEMO: VOLUNTEER EXPENSE</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>69.03</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Charlotte Cozart</b>		Transaction ID: 60411.E10941 Date of Disbursement 04 / 14 / 2006
Mailing Address 6194 Tudor Lane		Amount of Each Disbursement this Period 318.31
City Loves Park State IL Zip Code 61111-	Purpose of Disbursement WAGES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  WAGES

Full Name (Last, First, Middle Initial) <b>B. AIM Fund Services</b>		Transaction ID: 60709.E11142 Date of Disbursement 06 / 23 / 2006
Mailing Address PO Box 4739		Amount of Each Disbursement this Period 106.56
City Houston State TX Zip Code 77210-4739	Purpose of Disbursement IRA CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  IRA CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. Blue Cross/Blue Shield</b>		Transaction ID: 60606.E11006 Date of Disbursement 05 / 09 / 2006
Mailing Address PO Box 2039		Amount of Each Disbursement this Period 553.98
City Aurora State IL Zip Code 60507-2039	Purpose of Disbursement INSURANCE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  INSURANCE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	978.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Chase Card Services</b>		<b>Transaction ID:</b> 60606.E11037 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address Cardmember Service PO Box 15153		Amount of Each Disbursement this Period 11131.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5153	Purpose of Disbursement CREDIT CARD 05/24/06 SEE BELOW:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD 05/24/06 SEE BELOW:

Full Name (Last, First, Middle Initial) <b>B. AOL Online Service</b>		<b>Transaction ID:</b> 60606.E11044 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 2051 Chain Bridge Road		Amount of Each Disbursement this Period 25.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vienna State VA Zip Code 22182-	Purpose of Disbursement INTERNET EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: INTERNET EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Aristotle Publishing</b>		<b>Transaction ID:</b> 60606.E11048 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement SOFTWARE SUPPORT EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: SOFTWARE SUPPORT EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11131.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Dell Catalog Sales</b>		Transaction ID: 60606.E11047 Date of Disbursement 04 / 19 / 2006	
Mailing Address One Dell Way		Amount of Each Disbursement this Period -53.07	
City Round Rock State TX Zip Code 78682-	Purpose of Disbursement COMPUTER EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: COMPUTER EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Don Pablos Mexican Kitchen</b>		Transaction ID: 60606.E11045 Date of Disbursement 04 / 19 / 2006	
Mailing Address 6275 East State Street		Amount of Each Disbursement this Period 84.90	
City Rockford State IL Zip Code 61108-	Purpose of Disbursement MEAL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEAL EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Forest View Storage</b>		Transaction ID: 60606.E11038 Date of Disbursement 04 / 09 / 2006	
Mailing Address 11707 N. 2nd Street		Amount of Each Disbursement this Period 65.00	
City Loves Park State IL Zip Code 61111-	Purpose of Disbursement STORAGE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: STORAGE EXPENSE	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Giovannis Restaurant</b>		Transaction ID: 60606.E11046 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 610 N Bell School Rd		Amount of Each Disbursement this Period 5685.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockford State IL Zip Code 61107-5202	Purpose of Disbursement EVENT EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Idea Art</b>		Transaction ID: 60606.E11040 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address PO Box 291505		Amount of Each Disbursement this Period 60.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Nashville State TN Zip Code 37229-1505	Purpose of Disbursement EVENT EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Idea Art</b>		Transaction ID: 60606.E11041 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 291505		Amount of Each Disbursement this Period 1152.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Nashville State TN Zip Code 37229-1505	Purpose of Disbursement EVENT EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Julie Yock</b>		Transaction ID: 60828.E11332 Date of Disbursement 04 / 29 / 2006	
Mailing Address 326 N. Chicago Ave.		Amount of Each Disbursement this Period 91.32	
City Rockford State IL Zip Code 61107-4406	Purpose of Disbursement TRAVEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Mailboxes &amp; Parcel Depot</b>		Transaction ID: 60606.E11039 Date of Disbursement 04 / 10 / 2006	
Mailing Address 5411 East State Street		Amount of Each Disbursement this Period 6.56	
City Rockford State IL Zip Code 61108-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) <b>C. Rock Valley Water</b>		Transaction ID: 60606.E11042 Date of Disbursement 04 / 15 / 2006	
Mailing Address 702 N Madison		Amount of Each Disbursement this Period 61.51	
City Rockford State IL Zip Code 61107-	Purpose of Disbursement OFFICE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE EXPENSE	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

<b>A. Rock Valley Water</b> Full Name (Last, First, Middle Initial) Mailing Address 702 N Madison City Rockford State IL Zip Code 61107- Purpose of Disbursement OFFICE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60606.E11043 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 19.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE EXPENSE
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<b>B. Rockford Register Star</b> Full Name (Last, First, Middle Initial) Mailing Address 99 E State St City Rockford State IL Zip Code 61104-1009 Purpose of Disbursement SUBSCRIPTION EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60606.E11052 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 15.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION EXPENSE
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<b>C. United States Post Office</b> Full Name (Last, First, Middle Initial) Mailing Address 5225 Harrison Avenue City Rockford State IL Zip Code 61125-9300 Purpose of Disbursement POSTAGE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60606.E11049 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 1015.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE EXPENSE
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Transaction ID: 60606.E11054 Date of Disbursement 05 / 05 / 2006	
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 52.11	
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement TELEPHONE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TELEPHONE EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Northwest News Group</b>		Transaction ID: 60606.E10991 Date of Disbursement 04 / 29 / 2006	
Mailing Address PO Box 250		Amount of Each Disbursement this Period 175.00	
City Crystal Lake State IL Zip Code 60039-0250	Purpose of Disbursement ADVERTISING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Frank Sexton</b>		Transaction ID: 60411.E10943 Date of Disbursement 04 / 14 / 2006	
Mailing Address 20404 St. Barth Court		Amount of Each Disbursement this Period 183.32	
City Marengo State IL Zip Code 60152-	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	358.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Magnified Promotions</b>		<b>Transaction ID:</b> 60606.E11003 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 322 Seventh Street		Amount of Each Disbursement this Period 495.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockford State IL Zip Code 61104-1316	Purpose of Disbursement MARKETING EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MARKETING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Rita Versendaal</b>		<b>Transaction ID:</b> 60606.E11013 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 1948 Wisteria Rd		Amount of Each Disbursement this Period 26.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockford State IL Zip Code 61107-1583	Purpose of Disbursement WAGES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES

Full Name (Last, First, Middle Initial) <b>C. McLeod USA</b>		<b>Transaction ID:</b> 60615.E11126 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 3243		Amount of Each Disbursement this Period 121.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Milwaukee State WI Zip Code 53201-3243	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	643.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Hammond &amp; Associates</b>		<b>Transaction ID:</b> 60709.E11143 Date of Disbursement 06 / 26 / 2006	
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 2560.23	
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement FUNDRAISING CONSULTING FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING CONSULTING FEE	

Full Name (Last, First, Middle Initial) <b>B. Insight Communications</b>		<b>Transaction ID:</b> 60615.E11124 Date of Disbursement 06 / 15 / 2006	
Mailing Address PO Box 740273		Amount of Each Disbursement this Period 150.02	
City Cincinnati State OH Zip Code 45274-0273	Purpose of Disbursement INTERNET EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERNET EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Rita Versendaal</b>		<b>Transaction ID:</b> 60606.E10984 Date of Disbursement 04 / 28 / 2006	
Mailing Address 1948 Wisteria Rd		Amount of Each Disbursement this Period 60.30	
City Rockford State IL Zip Code 61107-1583	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2770.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Julie Yock</b>		Transaction ID: 60606.E10987 Date of Disbursement 04 / 28 / 2006	
Mailing Address 326 N. Chicago Ave.		Amount of Each Disbursement this Period 1388.00	
City Rockford State IL Zip Code 61107-4406	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type WAGES	

Full Name (Last, First, Middle Initial) <b>B. Charlotte Cozart</b>		Transaction ID: 60709.E11136 Date of Disbursement 06 / 23 / 2006	
Mailing Address 6194 Tudor Lane		Amount of Each Disbursement this Period 307.70	
City Loves Park State IL Zip Code 61111-	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type WAGES	

Full Name (Last, First, Middle Initial) <b>C. Charlotte Cozart</b>		Transaction ID: 60606.E11028 Date of Disbursement 05 / 26 / 2006	
Mailing Address 6194 Tudor Lane		Amount of Each Disbursement this Period 397.92	
City Loves Park State IL Zip Code 61111-	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type WAGES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2093.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Chase Card Services</b>		<b>Transaction ID:</b> 60405.E10923	
Mailing Address Cardmember Service PO Box 15153		Date of Disbursement MM / DD / YYYY 04 / 04 / 2006	
City Wilmington	State DE	Zip Code 19886-5153	Amount of Each Disbursement this Period 216.73
Purpose of Disbursement CREDIT CARD 04/04/06 SEE BELOW:		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>CREDIT CARD 04/04/06 SEE BELOW:</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CompUSA</b>		<b>Transaction ID:</b> 60405.E10925	
Mailing Address 5901 Stevenson Ave.		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006	
City Alexandria	State VA	Zip Code 22304-	Amount of Each Disbursement this Period 57.73
Purpose of Disbursement COMPUTER EXPENSE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: COMPUTER EXPENSE
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Amcore Bank</b>		<b>Transaction ID:</b> 60606.E11065	
Mailing Address PO Box 1537		Date of Disbursement MM / DD / YYYY 05 / 26 / 2006	
City Rockford	State IL	Zip Code 61110-0037	Amount of Each Disbursement this Period 1669.87
Purpose of Disbursement PAYROLL TAX (MAY 2006)		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>PAYROLL TAX (MAY 2006)</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1886.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Geppetto Catering</b>		<b>Transaction ID:</b> 60606.E11062 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 4505 Queensbury Road		Amount of Each Disbursement this Period 434.25	
City Riverdale State MD Zip Code 20737-	Purpose of Disbursement EVENT EXPENSE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		EVENT EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 60606.E10954 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 364.13	
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TELEPHONE EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Susan Bock</b>		<b>Transaction ID:</b> 60709.E11141 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 6004 Smith Rd		Amount of Each Disbursement this Period 222.37	
City Crystal Lake State IL Zip Code 60014-4614	Purpose of Disbursement WAGES Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		WAGES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1020.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Julie Yock</b>		<b>Transaction ID:</b> 60606.E11086 Date of Disbursement 06 / 09 / 2006	
Mailing Address 326 N. Chicago Ave.		Amount of Each Disbursement this Period 1388.00	
City Rockford State IL Zip Code 61107-4406	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES	

Full Name (Last, First, Middle Initial) <b>B. Larry Kobischka</b>		<b>Transaction ID:</b> 60606.E10953 Date of Disbursement 04 / 18 / 2006	
Mailing Address 10469 Ray Drive		Amount of Each Disbursement this Period 331.65	
City Roscoe State IL Zip Code 61073-	Purpose of Disbursement UTILITIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES	

Full Name (Last, First, Middle Initial) <b>C. Julie Yock</b>		<b>Transaction ID:</b> 60709.E11139 Date of Disbursement 06 / 23 / 2006	
Mailing Address 326 N. Chicago Ave.		Amount of Each Disbursement this Period 1387.99	
City Rockford State IL Zip Code 61107-4406	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3107.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

<b>A.</b> Julie Yock Full Name (Last, First, Middle Initial) Mailing Address 326 N. Chicago Ave. City Rockford State IL Zip Code 61107-4406 Purpose of Disbursement MILEAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60606.E11004 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 87.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE
<b>B.</b> Minority Journal Full Name (Last, First, Middle Initial) Mailing Address PO Box 7411 City Rockford State IL Zip Code 61126- Purpose of Disbursement ADVERTISING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60606.E10994 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 325.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING EXPENSE
<b>C.</b> Charlotte Cozart Full Name (Last, First, Middle Initial) Mailing Address 6194 Tudor Lane City Loves Park State IL Zip Code 61111- Purpose of Disbursement WAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60606.E11083 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 379.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>791.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. AIM Fund Services</b>		<b>Transaction ID:</b> 60411.E10949	
Mailing Address PO Box 4739		Date of Disbursement 04 / 14 / 2006	
City Houston	State TX	Zip Code 77210-4739	Amount of Each Disbursement this Period 106.56
Purpose of Disbursement IRA CONTRIBUTION		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		IRA CONTRIBUTION
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Amcore Bank</b>		<b>Transaction ID:</b> 60709.E11175	
Mailing Address PO Box 1537		Date of Disbursement 06 / 05 / 2006	
City Rockford	State IL	Zip Code 61110-0037	Amount of Each Disbursement this Period 37.50
Purpose of Disbursement ACH EXPENSE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ACH EXPENSE
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Julie Yock</b>		<b>Transaction ID:</b> 60606.E11073	
Mailing Address 326 N. Chicago Ave.		Date of Disbursement 06 / 06 / 2006	
City Rockford	State IL	Zip Code 61107-4406	Amount of Each Disbursement this Period 120.13
Purpose of Disbursement EXP RPT 6/6/06 SEE BELOW:		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		EXP RPT 6/6/06 SEE BELOW:
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>264.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Julie Yock</b>		Transaction ID: 60606.E11074 Date of Disbursement 06 / 05 / 2006	
Mailing Address 326 N. Chicago Ave.		Amount of Each Disbursement this Period 109.03	
City Rockford State IL Zip Code 61107-4406	Purpose of Disbursement MILEAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MILEAGE	

Full Name (Last, First, Middle Initial) <b>B. Freda Manzullo</b>		Transaction ID: 60606.E11077 Date of Disbursement 06 / 06 / 2006	
Mailing Address 792 Lightsville		Amount of Each Disbursement this Period 108.00	
City Leaf River State IL Zip Code 61047-	Purpose of Disbursement TELEPHONE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service</b>		Transaction ID: 60606.E11071 Date of Disbursement 05 / 30 / 2006	
Mailing Address Lockbox 577		Amount of Each Disbursement this Period 11.59	
City Carol Stream State IL Zip Code 60132-0577	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	119.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Magnified Promotions</b>		<b>Transaction ID:</b> 60606.E11017 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 322 Seventh Street		Amount of Each Disbursement this Period 1246.91
City Rockford State IL Zip Code 61104-1316	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MARKETING EXPENSE	Candidate Name	MARKETING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Darlene Yock</b>		<b>Transaction ID:</b> 60606.E11084 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 5074 Prairie Path		Amount of Each Disbursement this Period 142.89
City Loves Park State IL Zip Code 61111-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES	Candidate Name	WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Advanced Business Machines</b>		<b>Transaction ID:</b> 60606.E11066 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 5344 11th Street		Amount of Each Disbursement this Period 71.00
City Rockford State IL Zip Code 61109-3658	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EQUIPMENT RENTAL	Candidate Name	OFFICE EQUIPMENT RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1460.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. McLeod USA</b>		<b>Transaction ID:</b> 60606.E10951 Date of Disbursement 04 / 18 / 2006	
Mailing Address PO Box 3243		Amount of Each Disbursement this Period 116.71	
City Milwaukee State WI Zip Code 53201-3243	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rita Versendaal</b>		<b>Transaction ID:</b> 60411.E10946 Date of Disbursement 04 / 14 / 2006	
Mailing Address 1948 Wisteria Rd		Amount of Each Disbursement this Period 93.82	
City Rockford State IL Zip Code 61107-1583	Purpose of Disbursement WAGES Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Hammond &amp; Associates</b>		<b>Transaction ID:</b> 60606.E10975 Date of Disbursement 04 / 25 / 2006	
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 2645.30	
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement FUNDRAISING CONSULTING FEE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FUNDRAISING CONSULTING FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2855.83</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 141

<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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Chase Card Services</b>		<b>Transaction ID:</b> 60615.E11100 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address Cardmember Service PO Box 15153		Amount of Each Disbursement this Period 3412.08
City Wilmington State DE Zip Code 19886-5153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD 06/15/06 SEE BELOW:		CREDIT CARD 06/15/06 SEE BELOW:
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. AOL Online Service</b>		<b>Transaction ID:</b> 60615.E11110 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 2051 Chain Bridge Road		Amount of Each Disbursement this Period 25.90
City Vienna State VA Zip Code 22182-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET EXPENSE		<b>[MEMO ITEM]</b> MEMO: INTERNET EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Deeters</b>		<b>Transaction ID:</b> 60615.E11115 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 15105 S Rte 14		Amount of Each Disbursement this Period 700.00
City Woodstock State IL Zip Code 60098-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE		<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3412.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Forest View Storage</b>		Transaction ID: 60615.E11101 Date of Disbursement 05 / 09 / 2006
Mailing Address 11707 N. 2nd Street		Amount of Each Disbursement this Period 65.00
City Loves Park State IL Zip Code 61111-	Purpose of Disbursement STORAGE EXPENSE	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: STORAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Giovannis Restaurant</b>		Transaction ID: 60615.E11113 Date of Disbursement 05 / 31 / 2006
Mailing Address 610 N Bell School Rd		Amount of Each Disbursement this Period 883.32
City Rockford State IL Zip Code 61107-5202	Purpose of Disbursement EVENT EXPENSE	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Idea Art</b>		Transaction ID: 60615.E11104 Date of Disbursement 05 / 12 / 2006
Mailing Address PO Box 291505		Amount of Each Disbursement this Period 185.70
City Nashville State TN Zip Code 37229-1505	Purpose of Disbursement EVENT EXPENSE	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Idea Art</b>		Transaction ID: 60615.E11103 Date of Disbursement 05 / 11 / 2006
Mailing Address PO Box 291505		Amount of Each Disbursement this Period 494.45
City Nashville State TN Zip Code 37229-1505	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Julie Yock</b>		Transaction ID: 60828.E11333 Date of Disbursement 04 / 29 / 2006
Mailing Address 326 N. Chicago Ave.		Amount of Each Disbursement this Period -91.32
City Rockford State IL Zip Code 61107-4406	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Julie Yock</b>		Transaction ID: 60828.E11334 Date of Disbursement 05 / 18 / 2006
Mailing Address 326 N. Chicago Ave.		Amount of Each Disbursement this Period -0.87
City Rockford State IL Zip Code 61107-4406	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FINANCE CHARGE	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FINANCE CHARGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Liberty Self Storage</b>		<b>Transaction ID:</b> 60615.E11102 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 4114 176 East		Amount of Each Disbursement this Period 95.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Crystal Lake State IL Zip Code 60012-	<b>[MEMO ITEM]</b> MEMO: STORAGE EXPENSE	
Purpose of Disbursement STORAGE EXPENSE Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		<b>Transaction ID:</b> 60615.E11109 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 5430 E State St		Amount of Each Disbursement this Period 343.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockford State IL Zip Code 61108-2380	<b>[MEMO ITEM]</b> MEMO: COPY EXPENSE	
Purpose of Disbursement COPY EXPENSE Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Paninos Restaurant</b>		<b>Transaction ID:</b> 60615.E11111 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 5403 E State St		Amount of Each Disbursement this Period 66.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockford State IL Zip Code 61108-2337	<b>[MEMO ITEM]</b> MEMO: VOLUNTEER EXPENSE	
Purpose of Disbursement VOLUNTEER EXPENSE Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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)  
Donald A. Manzullo for Congress

<b>A. Rock Valley Water</b> Full Name (Last, First, Middle Initial) Mailing Address 702 N Madison City Rockford State IL Zip Code 61107- Purpose of Disbursement OFFICE EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60615.E11112 <b>Date of Disbursement:</b> 05 / 24 / 2006 Amount of Each Disbursement this Period 14.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE EXPENSE
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<b>B. Rockford Register Star</b> Full Name (Last, First, Middle Initial) Mailing Address 99 E State St City Rockford State IL Zip Code 61104-1009 Purpose of Disbursement SUBSCRIPTION EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60615.E11114 <b>Date of Disbursement:</b> 06 / 02 / 2006 Amount of Each Disbursement this Period 15.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION EXPENSE
--	--	--

<b>C. Stockholm Inn</b> Full Name (Last, First, Middle Initial) Mailing Address 1422 20th City Rockford State IL Zip Code 61104- Purpose of Disbursement EVENT EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60615.E11116 <b>Date of Disbursement:</b> 06 / 05 / 2006 Amount of Each Disbursement this Period 40.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. United States Post Office</b>		<b>Transaction ID:</b> 60615.E11105 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 5225 Harrison Avenue		Amount of Each Disbursement this Period 431.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockford State IL Zip Code 61125-9300	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> 60615.E11117 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 790406		Amount of Each Disbursement this Period 50.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Louis State MO Zip Code 63179-0406	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. AIM Fund Services</b>		<b>Transaction ID:</b> 60606.E10981 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address PO Box 4739		Amount of Each Disbursement this Period 106.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77210-4739	Purpose of Disbursement IRA CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	106.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Illinois Department of Revenue</b>		<b>Transaction ID:</b> 60606.E11091 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address PO Box 19434		Amount of Each Disbursement this Period 592.61
City Springfield State IL Zip Code 62794-9434	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STATE WITHHOLDING TAX	Candidate Name	STATE WITHHOLDING TAX
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Larry Kobischka</b>		<b>Transaction ID:</b> 60709.E11146 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 10469 Ray Drive		Amount of Each Disbursement this Period 1375.20
City Roscoe State IL Zip Code 61073-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT (JULY 2006)	Candidate Name	RENT (JULY 2006)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Congressional Club</b>		<b>Transaction ID:</b> 60606.E11056 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 977.00
City Washington State DC Zip Code 20009-3414	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COOKBOOKS	Candidate Name	COOKBOOKS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2944.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

<p><b>A.</b> Darlene Yock</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5074 Prairie Path</p> <p>City Loves Park State IL Zip Code 61111-</p> <p>Purpose of Disbursement WAGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 60411.E10942</p> <p>Date of Disbursement</p> <p>04 / 14 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>168.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>WAGES</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B.</b> Julie Yock</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 326 N. Chicago Ave.</p> <p>City Rockford State IL Zip Code 61107-4406</p> <p>Purpose of Disbursement EXP RPT 6/15/06 SEE BELOW:</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 60615.E11096</p> <p>Date of Disbursement</p> <p>06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>124.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EXP RPT 6/15/06 SEE BELOW:</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C.</b> Julie Yock</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 326 N. Chicago Ave.</p> <p>City Rockford State IL Zip Code 61107-4406</p> <p>Purpose of Disbursement MILEAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 60615.E11097</p> <p>Date of Disbursement</p> <p>06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>116.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MILEAGE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

293.29

**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 108 / 141

<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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. AIM Fund Services</b>		<b>Transaction ID:</b> 60606.E11089 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO Box 4739		Amount of Each Disbursement this Period 106.56
City Houston State TX Zip Code 77210-4739	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IRA CONTRIBUTION	Candidate Name	IRA CONTRIBUTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Freda Manzullo</b>		<b>Transaction ID:</b> 60606.E11021 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 792 Lightsville		Amount of Each Disbursement this Period 0.00
City Leaf River State IL Zip Code 61047-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EXP RPT 05/16/06 SEE BELOW:	Candidate Name	EXP RPT 05/16/06 SEE BELOW:
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> 60606.E11057 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 25506		Amount of Each Disbursement this Period 53.67
City Lehigh Valley State PA Zip Code 18002-5506	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE EXPENSE	Candidate Name	PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	160.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> 60615.E11120 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 186.72
City Dallas State TX Zip Code 75266-0108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE EXPENSE	Candidate Name	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Darlene Yock</b>		<b>Transaction ID:</b> 60606.E10985 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 5074 Prairie Path		Amount of Each Disbursement this Period 141.42
City Loves Park State IL Zip Code 61111-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES	Candidate Name	WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service</b>		<b>Transaction ID:</b> 60709.E11145 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address Lockbox 577		Amount of Each Disbursement this Period 54.88
City Carol Stream State IL Zip Code 60132-0577	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>383.02</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Rock Valley Publishing</b>		<b>Transaction ID:</b> 60411.E10936 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 11512 North Second Street		Amount of Each Disbursement this Period 150.00
City Machesney Park State IL Zip Code 61115-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING EXPENSE	Candidate Name	ADVERTISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Charlotte Cozart</b>		<b>Transaction ID:</b> 60606.E10983 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 6194 Tudor Lane		Amount of Each Disbursement this Period 328.71
City Loves Park State IL Zip Code 61111-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES	Candidate Name	WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Frank Sexton</b>		<b>Transaction ID:</b> 60606.E11085 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 20404 St. Barth Court		Amount of Each Disbursement this Period 183.32
City Marengo State IL Zip Code 60152-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES	Candidate Name	WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>662.03</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Larry Kobischka</b>		<b>Transaction ID: 60606.E11064</b> Date of Disbursement 05 / 24 / 2006	
Mailing Address 10469 Ray Drive		Amount of Each Disbursement this Period 1375.20	
City Roscoe State IL Zip Code 61073-	Purpose of Disbursement RENT (JUNE 2006)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ RENT (JUNE 2006)		

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service</b>		<b>Transaction ID: 60615.E11119</b> Date of Disbursement 06 / 15 / 2006	
Mailing Address Lockbox 577		Amount of Each Disbursement this Period 26.45	
City Carol Stream State IL Zip Code 60132-0577	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ POSTAGE		

Full Name (Last, First, Middle Initial) <b>C. Amcore Bank</b>		<b>Transaction ID: 60606.E10982</b> Date of Disbursement 04 / 28 / 2006	
Mailing Address PO Box 1537		Amount of Each Disbursement this Period 1700.81	
City Rockford State IL Zip Code 61110-0037	Purpose of Disbursement PAYROLL TAX (APRIL 2006)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL TAX (APRIL 2006)		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3102.46</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Susan Bock</b>		<b>Transaction ID: 60615.E11121</b> Date of Disbursement 06 / 15 / 2006	
Mailing Address 6004 Smith Rd		Amount of Each Disbursement this Period 74.76	
City Crystal Lake State IL Zip Code 60014-4614	Purpose of Disbursement MILEAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE	

Full Name (Last, First, Middle Initial) <b>B. Rita Versendaal</b>		<b>Transaction ID: 60606.E11032</b> Date of Disbursement 05 / 26 / 2006	
Mailing Address 1948 Wisteria Rd		Amount of Each Disbursement this Period 28.59	
City Rockford State IL Zip Code 61107-1583	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES	

Full Name (Last, First, Middle Initial) <b>C. Chase Card Services</b>		<b>Transaction ID: 60606.E10955</b> Date of Disbursement 04 / 25 / 2006	
Mailing Address Cardmember Service PO Box 15153		Amount of Each Disbursement this Period 2991.10	
City Wilmington State DE Zip Code 19886-5153	Purpose of Disbursement CREDIT CARD 04/25/06 SEE BELOW:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD 04/25/06 SEE BELOW:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3094.45</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. AOL Online Service</b>		<b>Transaction ID:</b> 60606.E10960 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6
Mailing Address 2051 Chain Bridge Road		Amount of Each Disbursement this Period 25.90
City Vienna State VA Zip Code 22182-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: INTERNET EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Au Bon Pain</b>		<b>Transaction ID:</b> 60606.E10971 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 800 North Capitol St.		Amount of Each Disbursement this Period 186.19
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Au Bon Pain</b>		<b>Transaction ID:</b> 60606.E10958 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 800 North Capitol St.		Amount of Each Disbursement this Period -11.00
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Au Bon Pain</b>		Transaction ID: 60606.E10957 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006	
Mailing Address 800 North Capitol St.		Amount of Each Disbursement this Period 254.18	
City Washington State DC Zip Code 20005-	Purpose of Disbursement EVENT EXPENSE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dell Catalog Sales</b>		Transaction ID: 60606.E10966 Date of Disbursement MM / DD / YYYY 03 / 30 / 2006	
Mailing Address One Dell Way		Amount of Each Disbursement this Period 70.07	
City Round Rock State TX Zip Code 78682-	Purpose of Disbursement COMPUTER EXPENSE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>[MEMO ITEM]</b> MEMO: COMPUTER EXPENSE	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dell Catalog Sales</b>		Transaction ID: 60606.E10965 Date of Disbursement MM / DD / YYYY 03 / 30 / 2006	
Mailing Address One Dell Way		Amount of Each Disbursement this Period 31.82	
City Round Rock State TX Zip Code 78682-	Purpose of Disbursement COMPUTER EXPENSE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>[MEMO ITEM]</b> MEMO: COMPUTER EXPENSE	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Dell Catalog Sales</b>		Transaction ID: 60606.E10970 Date of Disbursement 04 / 06 / 2006	
Mailing Address One Dell Way		Amount of Each Disbursement this Period 184.73	
City Round Rock State TX Zip Code 78682-	Purpose of Disbursement COMPUTER EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: COMPUTER EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Idea Art</b>		Transaction ID: 60606.E10969 Date of Disbursement 04 / 07 / 2006	
Mailing Address PO Box 291505		Amount of Each Disbursement this Period 91.85	
City Nashville State TN Zip Code 37229-1505	Purpose of Disbursement EVENT EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		Transaction ID: 60606.E10959 Date of Disbursement 03 / 16 / 2006	
Mailing Address 5430 E State St		Amount of Each Disbursement this Period 330.00	
City Rockford State IL Zip Code 61108-2380	Purpose of Disbursement COPY EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: COPY EXPENSE	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Rockford Register Star</b>		Transaction ID: 60606.E10967 Date of Disbursement 03 / 31 / 2006
Mailing Address 99 E State St		Amount of Each Disbursement this Period 15.60
City Rockford State IL Zip Code 61104-1009	Purpose of Disbursement SUBSCRIPTION EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION EXPENSE

Full Name (Last, First, Middle Initial) <b>B. United States Post Office</b>		Transaction ID: 60606.E10956 Date of Disbursement 03 / 13 / 2006
Mailing Address 5225 Harrison Avenue		Amount of Each Disbursement this Period 1560.00
City Rockford State IL Zip Code 61125-9300	Purpose of Disbursement POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Transaction ID: 60606.E10968 Date of Disbursement 04 / 05 / 2006
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 60.86
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TELEPHONE EXPENSE

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Chase Card Services</b>		Transaction ID: 60828.E11331 Date of Disbursement 04 / 25 / 2006
Mailing Address Cardmember Service PO Box 15153		Amount of Each Disbursement this Period 23.89
City Wilmington State DE Zip Code 19886-5153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FINANCE CHARGE	Category/Type	<b>[MEMO ITEM]</b> MEMO: FINANCE CHARGE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. AIM Fund Services</b>		Transaction ID: 60606.E11015 Date of Disbursement 05 / 12 / 2006
Mailing Address PO Box 4739		Amount of Each Disbursement this Period 106.56
City Houston State TX Zip Code 77210-4739	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement IRA CONTRIBUTION	Category/Type	IRA CONTRIBUTION
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Frank Sexton</b>		Transaction ID: 60709.E11138 Date of Disbursement 06 / 23 / 2006
Mailing Address 20404 St. Barth Court		Amount of Each Disbursement this Period 183.32
City Marengo State IL Zip Code 60152-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES	Category/Type	WAGES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	289.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Advanced Business Machines</b>		Transaction ID: 60606.E11002 Date of Disbursement 05 / 09 / 2006
Mailing Address 5344 11th Street		Amount of Each Disbursement this Period 71.00
City Rockford State IL Zip Code 61109-3658	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EQUIPMENT RENTAL	Candidate Name	OFFICE EQUIPMENT RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hammond &amp; Associates</b>		Transaction ID: 60606.E11058 Date of Disbursement 05 / 24 / 2006
Mailing Address PO Box 16021		Amount of Each Disbursement this Period 3505.99
City Alexandria State VA Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTING FEE	Candidate Name	FUNDRAISING CONSULTING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Susan Bock</b>		Transaction ID: 60606.E11033 Date of Disbursement 05 / 26 / 2006
Mailing Address 6004 Smith Rd		Amount of Each Disbursement this Period 222.37
City Crystal Lake State IL Zip Code 60014-4614	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES	Candidate Name	WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3799.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Insight Communications</b>		<b>Transaction ID:</b> 60411.E10930 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address PO Box 740273		Amount of Each Disbursement this Period 150.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-0273	Category/Type <input type="checkbox"/> INTERNET EXPENSE	
Purpose of Disbursement INTERNET EXPENSE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AIM Fund Services</b>		<b>Transaction ID:</b> 60606.E11055 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address PO Box 4739		Amount of Each Disbursement this Period 106.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77210-4739	Category/Type <input type="checkbox"/> IRA CONTRIBUTION	
Purpose of Disbursement IRA CONTRIBUTION Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Chase Card Services</b>		<b>Transaction ID:</b> 60606.E10998 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address Cardmember Service PO Box 15153		Amount of Each Disbursement this Period 666.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5153	Category/Type <input type="checkbox"/> CREDIT CARD 05/09/06 SEE BELOW:	
Purpose of Disbursement CREDIT CARD 05/09/06 SEE BELOW: Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	923.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Campus Crusade</b>		Transaction ID: 60606.E11000 Date of Disbursement 04 / 12 / 2006
Mailing Address		Amount of Each Disbursement this Period 480.00
City	State      Zip Code	
Purpose of Disbursement CONFERENCE EXPENSE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CONFERENCE EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. CompUSA</b>		Transaction ID: 60606.E11001 Date of Disbursement 03 / 27 / 2006
Mailing Address      5901 Stevenson Ave.		Amount of Each Disbursement this Period 104.99
City	State      Zip Code	
Purpose of Disbursement COMPUTER EXPENSE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: COMPUTER EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. Julie Yock</b>		Transaction ID: 60606.E11012 Date of Disbursement 05 / 12 / 2006
Mailing Address      326 N. Chicago Ave.		Amount of Each Disbursement this Period 1387.99
City	State      Zip Code	
Purpose of Disbursement WAGES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1387.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Freda Manzullo</b>		<b>Transaction ID:</b> 60606.E11026 Date of Disbursement 05 / 19 / 2006	
Mailing Address 792 Lightsville		Amount of Each Disbursement this Period 634.50	
City Leaf River State IL Zip Code 61047-	Purpose of Disbursement EXP RPT 05/16/06 SEE BELOW: Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	EXP RPT 05/16/06 SEE BELOW: W:
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Congressional Club</b>		<b>Transaction ID:</b> 60606.E11023 Date of Disbursement 05 / 04 / 2006	
Mailing Address 2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 17.00	
City Washington State DC Zip Code 20009-3414	Purpose of Disbursement EVENT EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Freda Manzullo</b>		<b>Transaction ID:</b> 60606.E11022 Date of Disbursement 05 / 16 / 2006	
Mailing Address 792 Lightsville		Amount of Each Disbursement this Period 540.00	
City Leaf River State IL Zip Code 61047-	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	<b>[MEMO ITEM]</b> MEMO: TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	634.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Amcore Bank</b>		Transaction ID: 60606.E11093 Date of Disbursement 04 / 03 / 2006
Mailing Address PO Box 1537		Amount of Each Disbursement this Period 37.60
City Rockford State IL Zip Code 61110-0037	Purpose of Disbursement ACH EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ACH EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Rockford Area Chamber of Commerce</b>		Transaction ID: 60606.E10993 Date of Disbursement 04 / 29 / 2006
Mailing Address 515 North Court Street PO Box 1747		Amount of Each Disbursement this Period 90.00
City Rockford State IL Zip Code 61110-0247	Purpose of Disbursement EVENT EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  EVENT EXPENSE

Full Name (Last, First, Middle Initial) <b>C. United States Post Office</b>		Transaction ID: 60615.E11099 Date of Disbursement 06 / 15 / 2006
Mailing Address 5225 Harrison Avenue		Amount of Each Disbursement this Period 200.00
City Rockford State IL Zip Code 61125-9300	Purpose of Disbursement POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	327.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. McLeod USA</b>		<b>Transaction ID: 60606.E11019</b> Date of Disbursement 05 / 16 / 2006	
Mailing Address PO Box 3243		Amount of Each Disbursement this Period 114.84	
City Milwaukee State WI Zip Code 53201-3243	Purpose of Disbursement TELEPHONE EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TELEPHONE EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Crystal Lake Chamber of Commerce</b>		<b>Transaction ID: 60411.E10933</b> Date of Disbursement 04 / 11 / 2006	
Mailing Address 427 W Virginia St		Amount of Each Disbursement this Period 150.00	
City Crystal Lake State IL Zip Code 60014-5959	Purpose of Disbursement ADVERTISING EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ADVERTISING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susan Bock</b>		<b>Transaction ID: 60606.E11088</b> Date of Disbursement 06 / 09 / 2006	
Mailing Address 6004 Smith Rd		Amount of Each Disbursement this Period 222.38	
City Crystal Lake State IL Zip Code 60014-4614	Purpose of Disbursement WAGES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	487.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Susan Bock</b>		Transaction ID: 60411.E10948 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 6004 Smith Rd		Amount of Each Disbursement this Period 222.38	
City Crystal Lake State IL Zip Code 60014-4614	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type WAGES	

Full Name (Last, First, Middle Initial) <b>B. Julie Yock</b>		Transaction ID: 60606.E11031 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 326 N. Chicago Ave.		Amount of Each Disbursement this Period 1388.01	
City Rockford State IL Zip Code 61107-4406	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type WAGES	

Full Name (Last, First, Middle Initial) <b>C. Magnified Promotions</b>		Transaction ID: 60606.E11079 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 322 Seventh Street		Amount of Each Disbursement this Period 546.81	
City Rockford State IL Zip Code 61104-1316	Purpose of Disbursement MARKETING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type MARKETING EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2157.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Frank Sexton</b>		<b>Transaction ID: 60606.E10986</b> Date of Disbursement 04 / 28 / 2006	
Mailing Address 20404 St. Barth Court		Amount of Each Disbursement this Period 183.32	
City Marengo State IL Zip Code 60152-	Purpose of Disbursement WAGES Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ WAGES	

Full Name (Last, First, Middle Initial) <b>B. Darlene Yock</b>		<b>Transaction ID: 60709.E11137</b> Date of Disbursement 06 / 23 / 2006	
Mailing Address 5074 Prairie Path		Amount of Each Disbursement this Period 199.76	
City Loves Park State IL Zip Code 61111-	Purpose of Disbursement WAGES Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ WAGES	

Full Name (Last, First, Middle Initial) <b>C. Chase Card Services</b>		<b>Transaction ID: 60606.E11080</b> Date of Disbursement 06 / 06 / 2006	
Mailing Address Cardmember Service PO Box 15153		Amount of Each Disbursement this Period 53.84	
City Wilmington State DE Zip Code 19886-5153	Purpose of Disbursement CREDIT CARD 06/06/06 SEE BELOW: Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ CREDIT CARD 06/06/06 SEE BELOW:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>436.92</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

<b>A. Rita Versendaal</b> Full Name (Last, First, Middle Initial) Mailing Address 1948 Wisteria Rd City Rockford State IL Zip Code 61107-1583 Purpose of Disbursement WAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60709.E11140</b> Date of Disbursement 06 / 23 / 2006 Amount of Each Disbursement this Period 57.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
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<b>B. Insight Communications</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 740273 City Cincinnati State OH Zip Code 45274-0273 Purpose of Disbursement INTERNET EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60606.E11018</b> Date of Disbursement 05 / 16 / 2006 Amount of Each Disbursement this Period 150.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET EXPENSE
--	--	---

<b>C. Charlotte Cozart</b> Full Name (Last, First, Middle Initial) Mailing Address 6194 Tudor Lane City Loves Park State IL Zip Code 61111- Purpose of Disbursement WAGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60606.E11010</b> Date of Disbursement 05 / 12 / 2006 Amount of Each Disbursement this Period 321.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WAGES
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	528.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Sexton		<b>Transaction ID:</b> 60615.E11125 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 20404 St. Barth Court		Amount of Each Disbursement this Period 128.16	
City Marengo State IL Zip Code 60152-	Purpose of Disbursement MILEAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	MILEAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE	
<b>B.</b> Full Name (Last, First, Middle Initial) Darlene Yock		<b>Transaction ID:</b> 60606.E11029 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 5074 Prairie Path		Amount of Each Disbursement this Period 135.07	
City Loves Park State IL Zip Code 61111-	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES	
<b>C.</b> Full Name (Last, First, Middle Initial) Susan Bock		<b>Transaction ID:</b> 60606.E10988 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 6004 Smith Rd		Amount of Each Disbursement this Period 222.37	
City Crystal Lake State IL Zip Code 60014-4614	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

485.60

**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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Amcore Bank</b>		Transaction ID: 60709.E11135 Date of Disbursement 06 / 23 / 2006	
Mailing Address PO Box 1537		Amount of Each Disbursement this Period 1718.58	
City Rockford State IL Zip Code 61110-0037	Purpose of Disbursement PAYROLL TAX (JUNE 2006)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL TAX (JUNE 2006)	

Full Name (Last, First, Middle Initial) <b>B. Magnified Promotions</b>		Transaction ID: 60606.E10996 Date of Disbursement 04 / 29 / 2006	
Mailing Address 322 Seventh Street		Amount of Each Disbursement this Period 1830.61	
City Rockford State IL Zip Code 61104-1316	Purpose of Disbursement MARKETING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type MARKETING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Transaction ID: 60606.E10973 Date of Disbursement 04 / 25 / 2006	
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 45.97	
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement TELEPHONE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type TELEPHONE EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3595.16</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Transaction ID: 60606.E10972 Date of Disbursement 04 / 25 / 2006	
Mailing Address PO Box 25506		Amount of Each Disbursement this Period 55.24	
City Lehigh Valley State PA Zip Code 18002-5506	Purpose of Disbursement PHONE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PHONE EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: 60606.E11059 Date of Disbursement 05 / 24 / 2006	
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 41.09	
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement TELEPHONE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type TELEPHONE EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Larry Kobischka</b>		Transaction ID: 60606.E10989 Date of Disbursement 04 / 28 / 2006	
Mailing Address 10469 Ray Drive		Amount of Each Disbursement this Period 1375.20	
City Roscoe State IL Zip Code 61073-	Purpose of Disbursement RENT (MAY 2006)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type RENT (MAY 2006)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1471.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Julie Yock</b>		Transaction ID: 60411.E10944 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 326 N. Chicago Ave.		Amount of Each Disbursement this Period 1387.99	
City Rockford State IL Zip Code 61107-4406	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Amcore Bank</b>		Transaction ID: 60606.E11082 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address PO Box 1537		Amount of Each Disbursement this Period 57.33	
City Rockford State IL Zip Code 61110-0037	Purpose of Disbursement ACH EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	ACH EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Frank Sexton</b>		Transaction ID: 60606.E11030 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 20404 St. Barth Court		Amount of Each Disbursement this Period 183.32	
City Marengo State IL Zip Code 60152-	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1628.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Rita Versendaal</b>		<b>Transaction ID: 60606.E11087</b> Date of Disbursement 06 / 09 / 2006	
Mailing Address 1948 Wisteria Rd		Amount of Each Disbursement this Period 32.17	
City Rockford State IL Zip Code 61107-1583	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WAGES	

Full Name (Last, First, Middle Initial) <b>B. Rockford Area Chamber of Commerce</b>		<b>Transaction ID: 60606.E10979</b> Date of Disbursement 04 / 25 / 2006	
Mailing Address 515 North Court Street PO Box 1747		Amount of Each Disbursement this Period 345.00	
City Rockford State IL Zip Code 61110-0247	Purpose of Disbursement MEMBERSHIP DUES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEMBERSHIP DUES	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID: 60709.E11144</b> Date of Disbursement 06 / 26 / 2006	
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 40.00	
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement TELEPHONE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	417.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	66362.21

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/>	17	<input checked="" 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)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. NRCC</b>		Transaction ID: 60709.E11128	
Mailing Address Natl Republican Congressional Cmt 320 First Street, S. E.		Date of Disbursement MM / DD / YYYY 06 / 19 / 2006	
City Washington	State DC	Zip Code 20003-	Amount of Each Disbursement this Period <b>39000.00</b>
Purpose of Disbursement EXCESS CAMPAIGN FUNDS		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>39000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>39000.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. 100 Men Who Cook</b>		<b>Transaction ID:</b> 60606.E11008 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 982 N Main St		Amount of Each Disbursement this Period 180.00
City Rockford State IL Zip Code 61103-9656	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Algonquin Township Rep. Central Comm.</b>		<b>Transaction ID:</b> 60411.E10932 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address PO Box 7235		Amount of Each Disbursement this Period 290.00
City Algonquin State IL Zip Code 60102-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alpine Kiwanis Club</b>		<b>Transaction ID:</b> 60615.E11127 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 5011 Highcrest Rd.		Amount of Each Disbursement this Period 112.50
City Rockford State IL Zip Code 61107-2324	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	582.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Andrea Zinga for Congress (IL-17)</b>		<b>Transaction ID:</b> 60411.E10937 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address PO Box 1222		Amount of Each Disbursement this Period 2000.00	
City Moline State IL Zip Code 61266-	Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Citizens for Dave Winters</b>		<b>Transaction ID:</b> 60606.E11007 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 3444 N Main St, Ste 80 IL State 69th District		Amount of Each Disbursement this Period 150.00	
City Rockford State IL Zip Code 61103-2190	Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Burzynski</b>		<b>Transaction ID:</b> 60606.E11061 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address PO Box 336		Amount of Each Disbursement this Period 350.00	
City Sycamore State IL Zip Code 60178-	Purpose of Disbursement CONTRIBUTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

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

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

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Citizens for Jim Sacia</b>		<b>Transaction ID:</b> 60606.E10992 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address PO Box 82		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Winnebago	State IL	
Zip Code 61088-		
Purpose of Disbursement CONTRIBUTION Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Citizens for Morrissey</b>		<b>Transaction ID:</b> 60606.E10952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 127 N Wyman PO Box 4288		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockford	State IL	
Zip Code 61110-		
Purpose of Disbursement CONTRIBUTION Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Citizens for Ron Wait</b>		<b>Transaction ID:</b> 60411.E10934 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 110 E. 2nd Street IL Rep 68th District		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Belvidere	State IL	
Zip Code 61008-		
Purpose of Disbursement CONTRIBUTION Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Michael W. Tryon</b>		<b>Transaction ID:</b> 60606.E11070 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 320 Douglas IL State Rep. - Dist 64		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Crystal Lake State IL Zip Code 60014-		
Purpose of Disbursement CONTRIBUTION Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Crystal Lake Chamber of Commerce</b>		<b>Transaction ID:</b> 60606.E10977 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 427 W Virginia St		Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Crystal Lake State IL Zip Code 60014-5959		
Purpose of Disbursement ADVERTISING EXPENSE Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. David McSweeney For Congress IL-8</b>		<b>Transaction ID:</b> 60709.E11147 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 890 S. Rand Road, Suite C		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lake Zurich State IL Zip Code 60047-		
Purpose of Disbursement PRIMARY 2006 DEBT RETIREMENT Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1675.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Growth Dimensions</b>		<b>Transaction ID:</b> 60411.E10931 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 200 South State Street		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Belvidere State IL Zip Code 61008-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Il Law Enforcement Torch Run-Special Oly</b>		<b>Transaction ID:</b> 60606.E11068 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address c/o Woodstock Police Dept 656 Lake Avenue		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Woodstock State IL Zip Code 60098-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Leadership Prayer Luncheon</b>		<b>Transaction ID:</b> 60411.E10939 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address c/o HC Johnson Press, Inc. PO Box 5566		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockford State IL Zip Code 61125-0566	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. McHenry County Republican Central Cmte</b>		<b>Transaction ID:</b> 60606.E10990 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address PO Box 723		Amount of Each Disbursement this Period 295.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mchenry State IL Zip Code 60051-0723	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ogle County Republican Central Comm.</b>		<b>Transaction ID:</b> 60709.E11134 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 512 N 4th St		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oregon State IL Zip Code 61061-1229	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pioneer Center</b>		<b>Transaction ID:</b> 60405.E10922 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 4001 Dayton St		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mchenry State IL Zip Code 60050-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1595.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. July Celebration Rockford Fourth Of</b>		<b>Transaction ID:</b> 60411.E10938 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address PO Box 1027		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockford State IL Zip Code 61105-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rockford Rescue Mission</b>		<b>Transaction ID:</b> 60606.E11005 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address PO Box 1958		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rockford State IL Zip Code 61110-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. St. Peters Catholic School</b>		<b>Transaction ID:</b> 60606.E11063 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 320 Elmwood		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Beloit State IL Zip Code 61080-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial) <b>A. Swedish Historical Society</b>		<b>Transaction ID:</b> 60606.E11076	
Mailing Address 404 South Third		Date of Disbursement 06 / 06 / 2006	
City Rockford	State IL	Zip Code 61104-	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Syverson for Senate</b>		<b>Transaction ID:</b> 60709.E11133	
Mailing Address PO Box 1600 IL State Senate		Date of Disbursement 06 / 19 / 2006	
City Rockford	State IL	Zip Code 61110-0100	Amount of Each Disbursement this Period 215.00
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**SUBTOTAL** of Disbursements This Page (optional) .....

715.00

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

9417.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Donald A. Manzullo for Congress

Full Name (Last, First, Middle Initial)

**A.** Andrew Carney

Mailing Address 222 Forest Ave.

City State Zip Code  
Oak Park IL 60302-1908

Purpose of Disbursement  
Refund of Contribution Refund of Contrib

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60606.E10950

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**SUBTOTAL** of Disbursements This Page (optional) .....

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