

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Boren For Congress

Report Covering the Period: From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

 To:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 77272.18 | 1511868.88 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 15500.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 77272.18 | 1496368.88 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 52098.15 | 1682591.61 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 1450.68 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 52098.15 | 1681140.93 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 68688.83 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 298445.51 | |

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
Boren For Congress

Report Covering the Period: From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

 To:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

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).....

13800.00

1014286.20

(ii) Unitemized.....

1237.00

87566.03

(iii) TOTAL of contributions

15037.00

1101852.23

from individuals..... ▶

0.00

4000.00

(b) Political Party Committees.....

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

62235.18

400016.65

(d) The Candidate.....

0.00

6000.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

77272.18

1511868.88

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

0.00

3000.00

13. LOANS

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

0.00

266533.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

266533.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

1450.68

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

961.06

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

77272.18

1783813.62

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 52098.15 | 1682591.61 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 17000.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 17000.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 15500.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 15500.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 52098.15 | 1715091.61 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 43514.80 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 77272.18 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 120786.98 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 52098.15 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 68688.83 |

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 / 61 |
| | <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)
Boren For Congress

A. Full Name (Last, First, Middle Initial)
Chuck W. Allen

Mailing Address 9703 NE 2nd Pl

City State Zip Code
Midwest City OK 73130-3509

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

Name of Employer Oklahoma County Democratic Par
Occupation Chairman

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C236219

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Dewayne Andrews

Mailing Address 3241 Lamp Post Ln

City State Zip Code
Oklahoma City OK 73120-5620

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

Name of Employer University of Oklahoma
Occupation Dean, College of Medicine

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: C236659

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Calvin J. Anthony

Mailing Address 4705 S Hunters Cir.

City State Zip Code
Stillwater OK 74074-7617

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

Name of Employer Self Employed/ Tiger Drug Company
Occupation Pharmacist

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
950.00

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

Transaction ID: C233829

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 61 |
| | <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)
Boren For Congress

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Marcia Bennett | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address 4722 Memory Ln | | Transaction ID: C236650 | |
| City Oklahoma City | State OK | Zip Code 73112-2274 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer OU Health Sciences Center | Occupation Administrator | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 450.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Stephen F. Bentley | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address PO Box 648 | | Transaction ID: C236676 | |
| City Lawton | State OK | Zip Code 73502-0648 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lawton Publishing Company, Inc. | Occupation Co-Publisher | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2250.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Anne C. Canfield | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address 823 Oronoco St | | Transaction ID: C240240 | |
| City Alexandria | State VA | Zip Code 22314-2219 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Canfield and Assoc. Inc. | Occupation President | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1500.00 | | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 61 |
| | <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)
Boren For Congress

A. Full Name (Last, First, Middle Initial)
Colin A. Chapman

Mailing Address 1613 Brookside Rd

City State Zip Code
Mc Lean VA 22101-3304

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

Name of Employer Rhodes Occupation Government Relations

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C243591

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 10700 Paynes Church Dr

City State Zip Code
Fairfax VA 22032-2915

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

Name of Employer Chwat and Company Inc. Occupation President, Gov't Relations

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C233832

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 3050 K St NW Ste 400

City State Zip Code
Washington DC 20007-5100

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

Name of Employer Self Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C243598

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 61 |
| | <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)
Boren For Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Joseph B Couch | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 | |
| Mailing Address 1008 NW Grand Blvd Ste C | | Transaction ID: C236184 | |
| City State Zip Code Oklahoma City OK 73118-6089 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Self Occupation Psychologist/Psychanalyst | | | |
| Receipt For: 2004 <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. Julie Eddy | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address 638 E Capitol St NE Bsmt NE | | Transaction ID: C240259 | |
| City State Zip Code Washington DC 20003-1233 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer MORPAC Occupation Manager | | | |
| Receipt For: 2004 <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) C. Joshua Galper | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address 2735 Olive Ave NW Apt 12 | | Transaction ID: C243182 | |
| City State Zip Code Washington DC 20007-3374 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Orrick, Herrington & Sutcliffe Occupation Attorney | | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1100.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 850.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 61 |
| | <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)
Boren For Congress

A. Full Name (Last, First, Middle Initial)
Betty Girdner

Mailing Address PO Box 997

City Sallisaw State OK Zip Code 74955-0997

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

Name of Employer Self Occupation Grocer

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: C233820

Amount of Each Receipt this Period
 350.00

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

B. Full Name (Last, First, Middle Initial)
Marlin Glass, Jr.

Mailing Address PO Box 447

City Newkirk State OK Zip Code 74647-0447

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

Name of Employer Glass Trucking Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2085.00

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

Transaction ID: C236212

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Warren Gotcher

Mailing Address PO Box 160

City McAlester State OK Zip Code 74502-0160

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C233827

Amount of Each Receipt this Period
 500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1350.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 61 |
| | <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)
Boren For Congress

A. Full Name (Last, First, Middle Initial)
Philip M. Green

Mailing Address PO Box 1454

City Sallisaw State OK Zip Code 74955-1454

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

Name of Employer Self Employed Occupation Rancher/Healthcare

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 0 | 6 | / | 2 | 0 | 0 | 4 |

Transaction ID: C233830

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

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

B. Full Name (Last, First, Middle Initial)
Jane Hadley

Mailing Address 58994 E 110 Rd # 8-95

City Miami State OK Zip Code 74354-3538

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: C234244

Amount of Each Receipt this Period

| |
|--------|
| 500.00 |
|--------|

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

C. Full Name (Last, First, Middle Initial)
Carl T. Hook

Mailing Address 1916 Whispering Pines Cir

City Norman State OK Zip Code 73072-6909

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

Name of Employer PLICO Occupation Medical Doctor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 2 | / | 2 | 0 | 0 | 4 |

Transaction ID: C236214

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 61 |
| | <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)
Boren For Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Patricia Hudson | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 2627 NW 69th St | | Transaction ID: C236653 |
| City State Zip Code Oklahoma City OK 73116-4715 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Private Practice Clinical Social Worker | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Patricia Hudson | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 2627 NW 69th St | | Transaction ID: C236657 |
| City State Zip Code Oklahoma City OK 73116-4715 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Private Practice Clinical Social Worker | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. John Hunt | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4 |
| Mailing Address 5801 Hefner Village Cir | | Transaction ID: C234296 |
| City State Zip Code Oklahoma City OK 73162-7761 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation N/A Retired | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 61 |
| | <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)
Boren For Congress

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

Mailing Address 5801 Hefner Village Cir

City Oklahoma City State OK Zip Code 73162-7761

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

Name of Employer N/A Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: C234297

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
Leo C. Jardot

Mailing Address 6316 Old Chesterbrook Rd

City McLean State VA Zip Code 22101-4712

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

Name of Employer Wyeth Occupation Vice President

Receipt For: 2004
 Primary General
 Other (specify) ▼ Debt 2004Primary

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C239654

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Evan H Katz

Mailing Address 7500 San Felipe St Ste 900

City Houston State TX Zip Code 77063-1798

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

Name of Employer Doug Kantor Occupation Associate

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C243192

Amount of Each Receipt this Period
 500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 61 |
| | <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)
Boren For Congress

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Ben E. Newcomer | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 | |
| Mailing Address 2015 Grandview Ave | | Transaction ID: C236197 | |
| City State Zip Code Norman OK 73072-2835 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Self-Employed Occupation Real Estate Developer/Agent | Receipt For: 2004 <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. William G. Paul | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address 13017 Burnt Oak Road | | Transaction ID: C236645 | |
| City State Zip Code Oklahoma City OK 73120 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Crowe & Duhlevy Occupation Attorney | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Election Cycle-to-Date ▼ 350.00 | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Wilson K. Pipestem | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address 5725 9th Rd N | | Transaction ID: C239652 | |
| City State Zip Code Arlington VA 22205-1307 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Pipestem Law Firm Occupation Attorney | Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Primary | | |
| Election Cycle-to-Date ▼ 500.00 | | | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 61 |
| | <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)
Boren For Congress

A. Full Name (Last, First, Middle Initial)
Paul C. Rosenthal

Mailing Address 6631 Landon Ln

City State Zip Code
Bethesda MD 20817-5637

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

Name of Employer Colier Shannon Scott Law Firm
Occupation Lawyer

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: C243599

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Lamar C. Smith

Mailing Address First Command Financial Planning
1 FirstComm Plaza

City State Zip Code
Fort Worth TX 76109

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

Name of Employer First Command Financial Planning
Occupation Business Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

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

Transaction ID: C236181

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Frank J. Waxman

Mailing Address 1800 Timber Wolf Trl

City State Zip Code
Edmond OK 73034-5827

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

Name of Employer OU Health Science Center
Occupation Professor

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

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

Transaction ID: C236647

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 61 |
| | <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)
Boren For Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. G. Frank West | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 406 1st St SE Ste 3 | | Transaction ID: C240269 |
| City Washington State DC Zip Code 20003-1856 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer ONEOK Occupation Governmental Affairs | Receipt For: 2004 <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. Gene Whatley | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 |
| Mailing Address 2628 E Hills Dr | | Transaction ID: C236188 |
| City Moore State OK Zip Code 73160-9540 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Oklahoma Rural Water Association Occupation Executive Director | Receipt For: 2004 <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) C. James W. Williams | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address PO Box 1587 | | Transaction ID: C236662 |
| City Ardmore State OK Zip Code 73402-1587 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self Employed Occupation Investor | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 2000.00 | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 1500.00 |
| TOTAL This Period (last page this line number only) | 13800.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 16 / 61 |
| | (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)
Boren For Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Aegon USA Inc Political Action Committee | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 1111 North Charles Street | | Transaction ID: C240232 |
| City State Zip Code Baltimore MD 21201 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00236414 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2004 <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. AFLAC Inc. Political Action Committee Afla | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address Worldwide Headquarters | | Transaction ID: C243183 |
| City State Zip Code Columbus GA 31999 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00034157 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2004 <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) C. ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 120 Park Avenue | | Transaction ID: C240254 |
| City State Zip Code New York NY 10017 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00089136 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 6000.00 | | |

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

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 17 / 61 |
| | (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)
Boren For Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. American Council Of Life Insurers PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4 |
| Mailing Address 101 Constitution Ave. NW Suite 700 | | Transaction ID: C245810 |
| City Washington State DC Zip Code 20001 | Amount of Each Receipt this Period 235.18 | |
| FEC ID number of contributing federal political committee. C C00147066 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * In-Kind: Meal Expense |
| Name of Employer | Occupation | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 235.18 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. American Crystal Sugar Company PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 101 North Third Street | | Transaction ID: C240233 |
| City Moorhead State MN Zip Code 56560 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00110338 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. American Electric Power Committee For Responsi | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 1 Riverside Plaza - 26th Floor PO Box 16036 | | Transaction ID: C240244 |
| City Columbus State OH Zip Code 43215 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00096842 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2235.18 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 61 |
| | <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)
Boren For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. American Federation Of State County & Municipal Em Mailing Address 1625 L Street Nw City State Zip Code Washington DC 20036 FEC ID number of contributing federal political committee. C C00011114 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00 | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 Transaction ID: C233837 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|---|--|---|

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. American Gas Association PAC Mailing Address 400 North Capital Street, NW City State Zip Code Washington DC 20001 FEC ID number of contributing federal political committee. C C00007450 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00 | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 Transaction ID: C240247 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|---|--|---|

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. American Nurses' Association Pac (ana-pac) (fka N- Mailing Address 600 Maryland Avenue Sw Suite 100w City State Zip Code Washington DC 20024 FEC ID number of contributing federal political committee. C C00017525 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00 | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 Transaction ID: C240252 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|--|--|---|

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 11000.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 19 / 61 |
| | (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)
Boren For Congress

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. American Society Of Plastic Surgeons PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4 | |
| Mailing Address 444 EAST ALGONQUIN RD | | Transaction ID: C234756 | |
| City ARLINGTON HEIGHTS | State IL | Zip Code 60005 | Amount of Each Receipt this Period 2000.00 |
| FEC ID number of contributing federal political committee. C C00249342 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | | |
| Receipt For: 2004 <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. BP Corporation North America Inc. Political Action | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 | |
| Mailing Address 4101 Winfield Road - 106D Mail Code 5N | | Transaction ID: C236116 | |
| City Warrenville | State IL | Zip Code 60555 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C C00060103 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | | |
| Receipt For: 2004 <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) C. Brunswick Corporation Good Government Fund | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 | |
| Mailing Address 1 N Field Ct | | Transaction ID: C233849 | |
| City Lake Forest | State IL | Zip Code 60045 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C C00110262 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | | |

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

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 61 |
| | <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)
Boren For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Calpine Corporation Political Action Committee | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 50 West San Fernando Street | | Transaction ID: C240250 |
| City State Zip Code San Jose CA 95113 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00362640 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2004Primary | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. College Of American Pathologists Political Action | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 |
| Mailing Address 1350 Eye Street Nw Suite 590 | | Transaction ID: C233840 |
| City State Zip Code Washington DC 20005 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00274944 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2004 <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) C. Congressman Waxman Campaign Committee | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4 |
| Mailing Address 6380 Wilshire Blvd. #1612 | | Transaction ID: C234294 |
| City State Zip Code Los Angeles CA 90048 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00013128 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

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

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 61 |
| | <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)
Boren For Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Constellation Energy Group Inc. Federal PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 750 E. Pratt St. 5th Floor P.o. Box 1475 | | Transaction ID: C239656 |
| City Baltimore State MD Zip Code 21202 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00041376 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2004Primary | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Florida Sugar Cane League PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 |
| Mailing Address 1201 Pennsylvania Avenue, NW | | Transaction ID: C236110 |
| City Washington State DC Zip Code 20004 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00012328 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2004 <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) C. Great Lakes Sugarbeet Growers Political Action Com | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 |
| Mailing Address 4800 Fashion Square Blvd #300 Plaza N | | Transaction ID: C236121 |
| City Saginaw State MI Zip Code 48604 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00384354 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 61 |
| | <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)
Boren For Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Heartland Community Bankers Association PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4 |
| Mailing Address 700 KANSAS AVENUE SUITE 512 | | Transaction ID: C234760 |
| City TOPEKA State KS Zip Code 66603 | FEC ID number of contributing federal political committee. C C00160978 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2004 <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. HOME DEPOT INC. BETTER GOVERNMENT COMMITTEE, THE | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 2455 Paces Ferry Rd. NW | | Transaction ID: C240257 |
| City Atlanta State GA Zip Code 30339 | FEC ID number of contributing federal political committee. C C00284885 | Amount of Each Receipt this Period 2000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2004 <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) C. HSBC North America PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 |
| Mailing Address 2700 Sanders Road | | Transaction ID: C330125 |
| City Prospect Heights State IL Zip Code 60070 | FEC ID number of contributing federal political committee. C C00033423 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

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| 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 23 / 61 |
| | (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)
Boren For Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. INT'L. ASSOCIATION OF BRIDGE STRUCTURAL ORNAMENTAL | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4 |
| Mailing Address 1750 New York Ave. NW Suite 400 | | Transaction ID: C234768 |
| City Washington State DC Zip Code 20006 | FEC ID number of contributing federal political committee. C C00027359 | Amount of Each Receipt this Period 2500.00 |
| Name of Employer Occupation | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. International Brotherhood Of Electrical Workers Co | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 |
| Mailing Address 1125 15th St N.w. | | Transaction ID: C236118 |
| City Washington State DC Zip Code 20005 | FEC ID number of contributing federal political committee. C C00027342 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Occupation | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. International Brotherhood Of Painters And Allied T | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 1750 New York Avenue NW | | Transaction ID: C239573 |
| City Washington State DC Zip Code 20006 | FEC ID number of contributing federal political committee. C C00000885 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Occupation | Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Election Cycle-to-Date ▼ 1000.00 | |

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| 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 24 / 61 |
| | <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)
Boren For Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. INTERNATIONAL FOODSERVICE DISTRIBUTORS ASSOCIATION | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 201 PARK WASHINGTON COURT | | Transaction ID: C240227 |
| City State Zip Code FALLS CHURCH VA 22046 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00383521 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | |
| Receipt For: 2004 <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. KPMG PARTNERS/PRINCIPALS & EMPLOYEES PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address PO BOX 18254 | | Transaction ID: C240228 |
| City State Zip Code WASHINGTON DC 20036 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00280222 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | |
| Receipt For: 2004 <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) C. Minn-Dak Farmers Cooperative Political Action Comm | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 |
| Mailing Address 7525 Red River Road | | Transaction ID: C236111 |
| City State Zip Code Wahpeton ND 58075 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00164939 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

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

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

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 25 / 61 |
| | (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)
Boren For Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Moderate Victory Fund | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4 |
| Mailing Address 6849 Old Dominion Drive Suite 222 | | Transaction ID: C234299 |
| City State Zip Code Mclean VA 22101 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00402255 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2004 <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. Mortgage Bankers Association Of America Political | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4 |
| Mailing Address 1919 Pennsylvania Avenue Nw | | Transaction ID: C234245 |
| City State Zip Code Washington DC 20006 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00004812 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2004 <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) C. NAPUS PAC for Postmasters | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 8 Herbert Street | | Transaction ID: C239648 |
| City State Zip Code Alexandria VA 22305 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00100404 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Primary | |
| Election Cycle-to-Date ▼ 1000.00 | | |

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| 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 26 / 61 |
| | <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)
Boren For Congress

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. National Committee To Preserve Social Security And | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address 10 G Street Ne, Suite #600 Suite 600 | | Transaction ID: C240237 | |
| City Washington State DC Zip Code 20002 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C C00172296 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. National Emergency Medicine PAC Of The American Co | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address 1125 Executive Circle | | Transaction ID: C274577 | |
| City Irving State TX Zip Code 75038 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C C00140061 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 6000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. National Restaurant Association Political Action | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address 1200 17th Street N.w. | | Transaction ID: C239650 | |
| City Washington State DC Zip Code 20036 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C C00003764 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2004Primary | Occupation Election Cycle-to-Date ▼ 5000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 61 |
| | <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)
Boren For Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. National Turkey Federation Political Action Commit | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4 | |
| Mailing Address 1225 New York Ave Nw Ste 400 | | Transaction ID: C234762 | |
| City State Zip Code Washington DC 20005 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C C00076182 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 500.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. New Apollo Energy PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 | |
| Mailing Address PO BOX 15188 | | Transaction ID: C236109 | |
| City State Zip Code WASHINGTON DC 20003 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C C00398883 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 1000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Our Common Values Pac | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 | |
| Mailing Address 101 West Grand Suite 200 | | Transaction ID: C233843 | |
| City State Zip Code Chicago IL 60610 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C C00399014 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 2000.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 61 |
| | <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)
Boren For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Physical Therapy Political Action Committee | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 1111 North Fairfax Street | | Transaction ID: C243184 |
| City State Zip Code Alexandria VA 22314 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00012880 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Pricewaterhousecoopers Political Action Committee | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 1900 K Street NW | | Transaction ID: C240279 |
| City State Zip Code Washington DC 20006 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00107235 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Professional Airways Systems Specialists PASS PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 1150 17th Street NW Suite 702 | | Transaction ID: C239571 |
| City State Zip Code Washington DC 20036 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00286807 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 61 |
| | <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)
Boren For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Promoters of Private Enterprise | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address 1010 Manvel | | Transaction ID: C236677 |
| City State Zip Code Chandler OK 74834 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00297283 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2004 <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. Shell Oil Company Employees' Political Awareness C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 |
| Mailing Address P O Box 2463 | | Transaction ID: C233845 |
| City State Zip Code Houston TX 77252 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00039503 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2004 <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) C. Snake River Sugar Company PAC | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address Po Box 1520 | | Transaction ID: C243189 |
| City State Zip Code Ogden UT 84402 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00326389 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

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

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 61 |
| | <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)
Boren For Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Union Pacific Corporation Fund | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4 | |
| Mailing Address 600 13th Street, NW Suite 340 | | Transaction ID: C234761 | |
| City State Zip Code Washington DC 20005 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C C00010470 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 10000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMIT | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 | |
| Mailing Address 55 Glenlake Parkway N.E. | | Transaction ID: C243197 | |
| City State Zip Code Atlanta GA 30328 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C C00064766 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 10000.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Yum! Brands Inc. Good Government Fund | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4 | |
| Mailing Address 1441 Gardiner Lane 3rd Floor Mail Stop L2230 | | Transaction ID: C233847 | |
| City State Zip Code Louisville KY 40213 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C C00329474 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Election Cycle-to-Date ▼ 2000.00 | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 11000.00 |
| TOTAL This Period (last page this line number only) ▶ | 62235.18 |

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)
Boren For Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Michael A. Allen | | Transaction ID: D26710 Date of Disbursement 10 / 08 / 2004 | |
| Mailing Address RR 2 Box 249 | | Amount of Each Disbursement this Period 175.45 | |
| City Clinton State OK Zip Code 73601-9115 | Purpose of Disbursement Travel Expense Reimbursement | <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 State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Michael A. Allen | | Transaction ID: D28772 Date of Disbursement 10 / 13 / 2004 | |
| Mailing Address RR 2 Box 249 | | Amount of Each Disbursement this Period 712.06 | |
| City Clinton State OK Zip Code 73601-9115 | Purpose of Disbursement Wage Expense | <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 State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Michael A. Allen | | Transaction ID: D26256 Date of Disbursement 10 / 01 / 2004 | |
| Mailing Address RR 2 Box 249 | | Amount of Each Disbursement this Period 712.06 | |
| City Clinton State OK Zip Code 73601-9115 | Purpose of Disbursement Wage Expense | <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 State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1599.57 |
| 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 32 / 61

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Boren For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Michael A. Allen | | Transaction ID: D26269 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address RR 2 Box 249 | | Amount of Each Disbursement this Period 569.14 |
| City Clinton State OK Zip Code 73601-9115 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Travel Reimbursement Expense | 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 State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. American Council Of Life Insurers PAC | | Transaction ID: D29096 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 101 Constitution Ave. NW Suite 700 | | Amount of Each Disbursement this Period 235.18 |
| City Washington State DC Zip Code 20001 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Meal Expense | Candidate Name | * in-kind received |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: D26262 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address PO Box 303824 | | Amount of Each Disbursement this Period 1032.60 |
| City Salt Lake City State UT Zip Code 84130 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Reimburse Travel Expense | 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 State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

1836.92

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. AT&T Wireless | | Transaction ID: D26708 Date of Disbursement 10 / 08 / 2004 |
| Mailing Address PO Box 8220 | | Amount of Each Disbursement this Period 346.24 |
| City Aurora State IL Zip Code 60572-8220 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Mobile Phone Expense Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. BancFirst | | Transaction ID: D42063 Date of Disbursement 10 / 05 / 2004 |
| Mailing Address 6200 Waterford Blvd | | Amount of Each Disbursement this Period 5106.40 |
| City Oklahoma City State OK Zip Code 73118-1102 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Employee tax Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. BancFirst | | Transaction ID: D26439 Date of Disbursement 10 / 05 / 2004 |
| Mailing Address 6200 Waterford Blvd | | Amount of Each Disbursement this Period 228.06 |
| City Oklahoma City State OK Zip Code 73118-1102 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Tax Expense Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5680.70 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Beth Barefoot | | Transaction ID: D26272 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 821 Maryland Ave NE Apt C | | Amount of Each Disbursement this Period 200.96 |
| City Washington State DC Zip Code 20002-5374 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Travel Expense Reimbursement | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Beth Barefoot | | Transaction ID: D26253 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 821 Maryland Ave NE Apt C | | Amount of Each Disbursement this Period 758.50 |
| City Washington State DC Zip Code 20002-5374 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Wage Expense | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Beth Barefoot | | Transaction ID: D28768 Date of Disbursement 10 / 13 / 2004 |
| Mailing Address 821 Maryland Ave NE Apt C | | Amount of Each Disbursement this Period 758.50 |
| City Washington State DC Zip Code 20002-5374 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Wage Expense | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1717.96 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Jeffrey P Berrong | | Transaction ID: D28774 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 |
| Mailing Address PO Box 268 | | Amount of Each Disbursement this Period 623.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Weatherford State OK Zip Code 73096-0268 | Purpose of Disbursement Wage Expense Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Jeffrey P Berrong | | Transaction ID: D26258 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4 |
| Mailing Address PO Box 268 | | Amount of Each Disbursement this Period 623.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Weatherford State OK Zip Code 73096-0268 | Purpose of Disbursement Wage Expense Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Jeffrey P Berrong | | Transaction ID: D26270 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4 |
| Mailing Address PO Box 268 | | Amount of Each Disbursement this Period 448.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Weatherford State OK Zip Code 73096-0268 | Purpose of Disbursement Travel Reimbursement Expense Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1695.25 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 61

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Boren For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bobby Stern & Associates | | Transaction ID: D26696 Date of Disbursement 10 / 08 / 2004 |
| Mailing Address PO Box 7377 | | Amount of Each Disbursement this Period 7500.00 |
| City Edmond State OK Zip Code 73083-7377 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Consultant-Fundraising Expense | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bryan County Star | | Transaction ID: D26281 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 301 W Arkansas St. | | Amount of Each Disbursement this Period 18.00 |
| City Durant State OK Zip Code 74701 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Advertising | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Capital One | | Transaction ID: D26703 Date of Disbursement 10 / 08 / 2004 |
| Mailing Address P. O. Box 34631 | | Amount of Each Disbursement this Period 1094.22 |
| City Seattle State WA Zip Code 98124-1631 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Office Expense - MC-No Itemization | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 8612.22 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Capital One | | Transaction ID: D26266 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4 |
| Mailing Address P. O. Box 34631 | | Amount of Each Disbursement this Period 576.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Seattle State WA Zip Code 98124-1631 | Purpose of Disbursement Office Expense - Visa-No Itemization Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Cimco Properties | | Transaction ID: D26261 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4 |
| Mailing Address 2801 North Edmond | | 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 Muskogee State OK Zip Code 74403 | Purpose of Disbursement Staff Housing Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Cimco Properties | | Transaction ID: D26697 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4 |
| Mailing Address 2801 North Edmond | | 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 Muskogee State OK Zip Code 74403 | Purpose of Disbursement Rent Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1176.62 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Boren For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Computerized Data Systems, Inc. | | Transaction ID: D26658 Date of Disbursement 10 / 06 / 2004 |
| Mailing Address 3200 S. Ann Arbor | | Amount of Each Disbursement this Period 5394.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Oklahoma City State OK Zip Code 73179 | Category/ Type | |
| Purpose of Disbursement Mailing | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Computerized Data Systems, Inc. | | Transaction ID: D26835 Date of Disbursement 10 / 12 / 2004 |
| Mailing Address 3200 S. Ann Arbor | | Amount of Each Disbursement this Period 377.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Oklahoma City State OK Zip Code 73179 | Category/ Type | |
| Purpose of Disbursement Mailing | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Samantha S Cortassa | | Transaction ID: D26709 Date of Disbursement 10 / 08 / 2004 |
| Mailing Address 2206 Mockingbird Ln | | Amount of Each Disbursement this Period 456.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City McAlester State OK Zip Code 74501-7372 | Category/ Type | |
| Purpose of Disbursement Travel Expense Reimbursement | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6228.44 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Samantha S Cortassa | | Transaction ID: D28775 Date of Disbursement 10 / 13 / 2004 |
| Mailing Address 2206 Mockingbird Ln | | Amount of Each Disbursement this Period 645.62 |
| City McAlester State OK Zip Code 74501-7372 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Wage Expense | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Samantha S Cortassa | | Transaction ID: D26259 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 2206 Mockingbird Ln | | Amount of Each Disbursement this Period 645.62 |
| City McAlester State OK Zip Code 74501-7372 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Wage Expense | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Samantha S Cortassa | | Transaction ID: D26271 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 2206 Mockingbird Ln | | Amount of Each Disbursement this Period 305.88 |
| City McAlester State OK Zip Code 74501-7372 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Travel Expense Reimbursement | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1597.12 |
| 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 40 / 61

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Boren For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Cox Communication | | Transaction ID: D26263 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 2312 NW 10th St | | Amount of Each Disbursement this Period 49.95 |
| City Oklahoma City State OK Zip Code 73107-5616 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Internet Service Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Cross Timbers Rc&D Assc | | Transaction ID: D26293 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 121 Sertco Dr Ste C | | Amount of Each Disbursement this Period 585.00 |
| City Okemah State OK Zip Code 74859-3230 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Rent Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Ward Curtin | | Transaction ID: D26267 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 2240 Churchill Pl. | | Amount of Each Disbursement this Period 491.46 |
| City Oklahoma City State OK Zip Code 73120 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Travel Expense Reimbursement Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1126.41 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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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)
Boren For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ward Curtin | | Transaction ID: D26254 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 2240 Churchill Pl. | | Amount of Each Disbursement this Period 1232.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Oklahoma City State OK Zip Code 73120 | | |
| Purpose of Disbursement Wage Expense | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ward Curtin | | Transaction ID: D28770 Date of Disbursement 10 / 13 / 2004 |
| Mailing Address 2240 Churchill Pl. | | Amount of Each Disbursement this Period 1232.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Oklahoma City State OK Zip Code 73120 | | |
| Purpose of Disbursement Wage Expense | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Green Country Trophy & Screen Print | | Transaction ID: D26707 Date of Disbursement 10 / 08 / 2004 |
| Mailing Address 201 Hughes Dr P O Box 149 | | Amount of Each Disbursement this Period 504.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Okemah State OK Zip Code 74859 | | |
| Purpose of Disbursement Lapel Stickers | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2969.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|--|--|--|
| A. Henryetta Free-Lance Full Name (Last, First, Middle Initial) Mailing Address 812 W Main City Henryetta State OK Zip Code 74437 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26704 Date of Disbursement 10 / 08 / 2004 Amount of Each Disbursement this Period 1064.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|--|--|--|
| B. Hugo Daily News Full Name (Last, First, Middle Initial) Mailing Address 128 E Jackson City Hugo State OK Zip Code 74743 Purpose of Disbursement Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26273 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 25.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|--|--|--|
| C. McCurtain County News Full Name (Last, First, Middle Initial) Mailing Address 107 S Central City Idabel State OK Zip Code 74745 Purpose of Disbursement Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26287 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 21.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1111.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. McCurtain Daily Gazette | | Transaction ID: D26286 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address PO Box 179 | | Amount of Each Disbursement this Period 48.00 |
| City Idabel State OK Zip Code 74745 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Subscription | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Toni Mitchell | | Transaction ID: D26698 Date of Disbursement 10 / 08 / 2004 |
| Mailing Address PO Box 2552 | | Amount of Each Disbursement this Period 345.00 |
| City Oklahoma City State OK Zip Code 73101-2552 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Contract Labor | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Toni Mitchell | | Transaction ID: D26268 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address PO Box 2552 | | Amount of Each Disbursement this Period 345.00 |
| City Oklahoma City State OK Zip Code 73101-2552 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Contract Labor | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 738.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 61

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Boren For Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. NAACP | | Transaction ID: D26290 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 1500 NE 4th Ste. 100 | | Amount of Each Disbursement this Period 362.89 |
| City Oklahoma City State OK Zip Code 73117 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Pancake Breakfast Expense | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Native American Times, Inc | | Transaction ID: D26289 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address PO Box 692050 | | Amount of Each Disbursement this Period 561.00 |
| City Tulsa State OK Zip Code 74169-2050 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Advertising | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. NGP Software, Inc. | | Transaction ID: D26265 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 1101 Vermont Avenue, NW Suite 710 | | Amount of Each Disbursement this Period 500.00 |
| 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 Software | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1423.89 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|---|--|--|
| A. OG&E Full Name (Last, First, Middle Initial) Mailing Address PO Box 24990 City Oklahoma City State OK Zip Code 73124-0990 Purpose of Disbursement Electric Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26264 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 76.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|--|--|--|
| B. OKC Broadband Full Name (Last, First, Middle Initial) Mailing Address PO Box 94595 City Oklahoma City State OK Zip Code 73143-4595 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26706 Date of Disbursement 10 / 08 / 2004 Amount of Each Disbursement this Period 74.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|--|--|---|
| C. Okemah Supply Co Full Name (Last, First, Middle Initial) Mailing Address 208 W Broadway St City Okemah State OK Zip Code 74859-2619 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26295 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 118.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 269.66 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Oklahoma Employee Security Commission | | Transaction ID: D26441 Date of Disbursement 10 / 05 / 2004 |
| Mailing Address 2613 N Van Buren St | | Amount of Each Disbursement this Period 421.57 |
| City Oklahoma City State OK Zip Code 73703 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Tax Expense | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Oklahoma Press Service | | Transaction ID: D26700 Date of Disbursement 10 / 08 / 2004 |
| Mailing Address 3601 N Lincoln Blvd | | Amount of Each Disbursement this Period 42.19 |
| City Oklahoma City State OK Zip Code 73105-5411 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Newspaper Clipping Service | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Oklahoma Tax Commission | | Transaction ID: D26440 Date of Disbursement 10 / 05 / 2004 |
| Mailing Address 2501 N Lincoln Blvd | | Amount of Each Disbursement this Period 940.00 |
| City Oklahoma City State OK Zip Code 73194-1000 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Tax Expense | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1403.76 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Oklahoma Turnpike Authority | | Transaction ID: D26260 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 3500 N MLK Ave | | Amount of Each Disbursement this Period 80.00 |
| City Oklahoma City State OK Zip Code 73111 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Toll Expense | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Redbud Floral | | Transaction ID: D26701 Date of Disbursement 10 / 08 / 2004 |
| Mailing Address 247 34 Ave SW | | Amount of Each Disbursement this Period 1046.30 |
| City Norman State OK Zip Code 73072 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Office Expense | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. SBC | | Transaction ID: D26277 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address PO Box 650661 | | Amount of Each Disbursement this Period 226.14 |
| City Dallas State TX Zip Code 75265-0661 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Telephone | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1352.44 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|---|--|---|
| A. SBC Full Name (Last, First, Middle Initial) Mailing Address PO Box 650661 City Dallas State TX Zip Code 75265-0661 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26278 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 100.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|---|
| B. SBC Full Name (Last, First, Middle Initial) Mailing Address PO Box 650661 City Dallas State TX Zip Code 75265-0661 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26279 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 496.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|---|
| C. SBC Full Name (Last, First, Middle Initial) Mailing Address PO Box 650661 City Dallas State TX Zip Code 75265-0661 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26280 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 205.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 802.71 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Sequoyah County Times | | Transaction ID: D26282 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 111 N Oak St | | Amount of Each Disbursement this Period 44.00 |
| City Sallisaw State OK Zip Code 74955 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Subscription | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Owen DeWay Shackelford, II | | Transaction ID: D28713 Date of Disbursement 10 / 13 / 2004 |
| Mailing Address 309 Hood Ct | | Amount of Each Disbursement this Period 2668.25 |
| City Norman State OK Zip Code 73072-4365 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Wage Expense | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Owen DeWay Shackelford, II | | Transaction ID: D26252 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 309 Hood Ct | | Amount of Each Disbursement this Period 2668.25 |
| City Norman State OK Zip Code 73072-4365 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Wage Expense | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 5380.50 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|---|--|---|
| A. Owen DeWay Shackelford, II Full Name (Last, First, Middle Initial) Mailing Address 309 Hood Ct City Norman State OK Zip Code 73072-4365 Purpose of Disbursement Reimburse Office Exp-No Itemization Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26711 Date of Disbursement 10 / 08 / 2004 Amount of Each Disbursement this Period 479.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|--|
| B. Southeast Times Full Name (Last, First, Middle Initial) Mailing Address 110 S Central Ave City Idabel State OK Zip Code 74745 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26291 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 94.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | | |
|---|--|---|
| C. Stilwell Democrat Journal Full Name (Last, First, Middle Initial) Mailing Address 118 N 2nd City Stilwell State OK Zip Code 74960 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D26294 Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 191.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 765.55 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Stuart Ostler Photography | | Transaction ID: D28532 Date of Disbursement 10 / 13 / 2004 |
| Mailing Address PO Box 888 | | Amount of Each Disbursement this Period 195.00 |
| City Oklahoma City State OK Zip Code 73152 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Photography | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. The Weleetkan | | Transaction ID: D26274 Date of Disbursement 10 / 01 / 2004 |
| Mailing Address 110 W 9th | | Amount of Each Disbursement this Period 229.32 |
| City Weleetka State OK Zip Code 74880 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Advertising | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Turn-key Video Works | | Transaction ID: D26702 Date of Disbursement 10 / 08 / 2004 |
| Mailing Address 2437 Bay Area Blvd. #271 | | Amount of Each Disbursement this Period 1000.00 |
| City Houston State TX Zip Code 77058 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Website | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1424.32 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Boren For Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Vinita Daily Journal | | Transaction ID: D26275 Date of Disbursement 10 / 01 / 2004 | |
| Mailing Address P. O. Box 328 | | Amount of Each Disbursement this Period 29.00 | |
| City Vinita State OK Zip Code 74301 | Purpose of Disbursement Subscription | <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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Jenny Weiss | | Transaction ID: D28771 Date of Disbursement 10 / 13 / 2004 | |
| Mailing Address 14804 Dickens St Apt 20 | | Amount of Each Disbursement this Period 581.62 | |
| City Sherman Oaks State CA Zip Code 91403-3683 | Purpose of Disbursement Wage 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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Jenny Weiss | | Transaction ID: D26255 Date of Disbursement 10 / 01 / 2004 | |
| Mailing Address 14804 Dickens St Apt 20 | | Amount of Each Disbursement this Period 581.62 | |
| City Sherman Oaks State CA Zip Code 91403-3683 | Purpose of Disbursement Wage 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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1192.24 |
| TOTAL This Period (last page this line number only) ▶ | 51688.77 |

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 54 / 61 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Boren For Congress

Transaction ID: L52

| | |
|--|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Dan Boren (Personal Funds) | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 1924 | |
| City Muskogee State OK ZIP Code 74402 | |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 11424.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 11424.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|--|------------------------|--------------------------------|---|
| Date Incurred MM DD YY YY 07 19 2004 | Date Due 12/31/2005 | Interest Rate .0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|------------------------|--------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|----------|
| SUBTOTALS This Period This Page (optional) | 11424.00 |
| TOTALS This Period (last page in this line only) | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 55 / 61 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Boren For Congress

Transaction ID: L53

| | |
|--|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Dan Boren (Personal Funds) | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 1924 | |
| City Muskogee State OK ZIP Code 74402 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 20109.00 | 17000.00 | 3109.00 |

TERMS

| | | | |
|----------------------------|------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 07 D D 19 Y Y Y Y 2004 | 12/31/2005 | .0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional) | 3109.00 |
| TOTALS This Period (last page in this line only) | <input type="text"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 56 / 61 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Boren For Congress

Transaction ID: L54

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Dan Boren | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 1924 | |
| City Muskogee State OK ZIP Code 74402 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 125000.00 | 0.00 | 125000.00 |

TERMS

| | | | |
|----------------------------|------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 07 D D 14 Y Y Y Y 2004 | 10/19/2005 | .0625 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional) | 125000.00 |
| TOTALS This Period (last page in this line only) | <input type="text"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 57 / 61 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Boren For Congress

Transaction ID: L55

| | | |
|---|--|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Dan Boren | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Mailing Address PO Box 1924 | | |
| City Muskogee State OK ZIP Code 74402 | | |
| Original Amount of Loan 40000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 40000.00 |

TERMS

| | | | |
|--|------------------------|--------------------------------|---|
| Date Incurred MM DD YY YY 07 21 2004 | Date Due 07/01/2005 | Interest Rate .0000 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|------------------------|--------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|-----------------|
| SUBTOTALS This Period This Page (optional) | 40000.00 |
| TOTALS This Period (last page in this line only) | |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 58 / 61 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

NAME OF COMMITTEE (In Full)
Boren For Congress

Transaction ID: L56

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Dan Boren | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO Box 1924 | |
| City Muskogee State OK ZIP Code 74402 | |
| Original Amount of Loan 70000.00 | Cumulative Payment To Date 0.00 |
| Balance Outstanding at Close of This Period 70000.00 | |

TERMS

| | | | |
|---|------------------------|--------------------------------|---|
| Date Incurred MM DD YY 07 21 2004 | Date Due 07/01/2005 | Interest Rate .0650 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|------------------------|--------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|------------------|
| SUBTOTALS This Period This Page (optional) | 70000.00 |
| TOTALS This Period (last page in this line only) | 249533.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
 (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Boren For Congress

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hamilton Beattie & Staff | Nature of Debt (Purpose): Polling Expense |
| Mailing Address 4201 Connecticut Ave NW Ste 212 | |
| City State ZIP Code Washington DC 20008-1162 | |

| | | |
|---|-------------------------------|---|
| Outstanding Balance Beginning This Period 22195.00 | Transaction ID: D28941 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 22195.00 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Michael Carrier Enterprises | Nature of Debt (Purpose): Consulting-Mail & TV |
| Mailing Address 5900 Mosteller Dr Ste 1760 | |
| City State ZIP Code Oklahoma City OK 73112 | |

| | | |
|---|-------------------------------|---|
| Outstanding Balance Beginning This Period 21000.00 | Transaction ID: D28939 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 21000.00 |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lee Slater | Nature of Debt (Purpose): Legal Expense |
| Mailing Address PO Box 14785 | |
| City State ZIP Code Oklahoma City OK 73113-0785 | |

| | | |
|--|-------------------------------|--|
| Outstanding Balance Beginning This Period 1260.00 | Transaction ID: D28940 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1260.00 |

| | |
|--|-----------------|
| 1) SUBTOTALS This Period This Page (optional)..... | 44455.00 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

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

| | | |
|---|--------------------------------------|--|
| (Use separate schedule(s) for each numbered line) | PAGE 60 / 61 | |
| | FOR LINE NUMBER: (check only one) | <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
 Boren For Congress

| | |
|---|---------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Snyder Printing Inc. | Nature of Debt (Purpose): Printing |
| Mailing Address 3521 S Moulton Dr | |
| City State ZIP Code Oklahoma City OK 73179-7609 | |

| | | |
|---|-------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID: D28938 | |
| 4457.51 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 4457.51 |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 4457.51 |
| 2) TOTALS This Period (last page this line number only)..... | 48912.51 |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

Form/Schedule: **F3A**

Transaction ID:

The Boren for Congress and the Boren for Congress 2006 campaigns have just completed an internal review of their records from 10/1/04 through 12/31/05. Because of the findings of this review, we are amending all of the reports from 10/1/04 through 12/31/05 for both campaigns. This is an overview of the changes that were made. We have kept careful notes of every change that was made in the event you have any questions. Some contributions were moved from Line 11(c) to 11(a); from Line 11(b) to 11(c); from Line 11(c) to Line 11(b). For example, a contribution from the Congressman Waxman Committee was originally reported on Line 11(b) but should have been reported on Line 11(c). Some contributions were incorrectly reported for 2004 Primary Debt Retirement which should have been reported for the 2006 Primary because they were not specifically designated for debt retirement. Conversely, there were also some contributions reported for the 2006 Primary and/or 2006 General, which should have been reported for 2004 Primary Debt Retirement because they were specifically designated for debt retirement. There were some PAC contributions reported under an incorrect FEC id number; for example, a contribution from the NAPUS PAC for Postmasters was reported from the National Association of Postal Supervisors PAC. Other examples include contributions from the national offices of PACs being reported from the PACs of local offices instead. Some contributions were reported as having been received on the deposit date rather than the actual date of receipt. In reviewing the check copies and attached envelopes, the correct receipt date was ascertained and changed. In the instances where there was no such proof, the period and cycle was changed. For example, there were a number of contributions reported as having been received on 11/19/04 and designated for the 2004 General election. For those contributions that could be shown to have been received on or before 11/2/04, the dates were changed. For those contributions where the received date could not be ascertained, the period and cycle was changed to 2006 Primary. There were some contributions, both individual and PAC, which were not originally reported.