



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Inslee for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	67037.25	124863.32
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	67037.25	124863.32
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	40829.24	134284.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	1699.78	1847.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	39129.46	132437.13
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>751373.16</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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  
 Inslee for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

**I. RECEIPTS**

**COLUMN A**  
 Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
 Political Committees

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

12500.00

29100.00

(ii) Unitemized.....

315.00

1041.07

(iii) TOTAL of contributions

12815.00

30141.07

from individuals..... ▶

9.36

9.36

(b) Political Party Committees.....

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

54212.89

94712.89

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
 (other than loans)  
 (add Lines 11(a)(iii), (b), (c), and (d))

67037.25

124863.32

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

1699.78

1847.78

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

9187.36

26145.00

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

77924.39

152856.10

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	40829.24	134284.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	47750.00	137700.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	88579.24	271984.91

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	762028.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	77924.39
25. SUBTOTAL (add Line 23 and Line 24).....	839952.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	88579.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	751373.16

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b> Jay Inslee		<b>Candidate ID Number</b> H2WA04090
<b>Name of Principal Campaign Committee</b> Inslee for Congress		<b>Committee ID Number</b> C C00337436
<b>Committee Address</b> PO Box 33027		
<b>City</b> Seattle	<b>State</b> WA	<b>ZIP</b> 98133
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	139578.54	10400.00
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	139578.54	10400.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Inslee for Congress

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

Mailing Address 1942 Westlake Ave  
8th Floor

City State Zip Code  
Seattle WA 98101

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

Name of Employer Occupation  
Microsoft Development

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 11 / 2007

Transaction ID: C4299924

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 1942 Westlake Ave  
8th Floor

City State Zip Code  
Seattle WA 98101

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

Name of Employer Occupation  
Microsoft Development

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 11 / 2007

Transaction ID: C4299925

Amount of Each Receipt this Period  
1700.00

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

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

Mailing Address PO Box 2010

City State Zip Code  
Vashon WA 98070-2010

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

Name of Employer Occupation  
Bergman, Senn, Pageler and Frockt Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: C4194977

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 63
	<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)  
Inslee for Congress

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

Mailing Address 3442 N Greenview

City State Zip Code  
Chicago IL 60657

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

Name of Employer NV Dell Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 27 / 2007

Transaction ID: C4194974

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)  
David Bradlee

Mailing Address 5063 Harold PI NE

City State Zip Code  
Seattle WA 98105-2808

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

Name of Employer Microsoft Occupation Software Developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: C4299927

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)  
William Gates

Mailing Address 5161 NE 41st St

City State Zip Code  
Seattle WA 98105-4955

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

Name of Employer Bill and Melinda Gates Foundation Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 10 / 2007

Transaction ID: C4194965

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 / 63
	<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)  
Inslee for Congress

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

Mailing Address 1223 Spring St  
Apt 701

City State Zip Code  
Seattle WA 98104-3574

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

Name of Employer Occupation  
Pacific Coast Feather Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2007

**Transaction ID:** C4285456

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)  
Paul A. Miller

Mailing Address 6722 Sullivan Way

City State Zip Code  
Alexandria VA 22315

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

Name of Employer Occupation  
Miller Wenhold Capitol Strategies, LLC Government Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2007

**Transaction ID:** C4286833

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)  
Christopher R. Parandian

Mailing Address 4041 Pebble Branch Rd

City State Zip Code  
Ellicott City MD 21042

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

Name of Employer Occupation  
Capitol Solutions Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2007

**Transaction ID:** C4298051

Amount of Each Receipt this Period  
500.00

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

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 63
	<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)  
Inslee for Congress

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

Mailing Address 1300 N St NW #112

City Washington State DC Zip Code 20005

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2007

Transaction ID: C4299926

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)  
Sharon Ringley

Mailing Address 10440 Democracy Ln

City Potomac State MD Zip Code 20854

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

Name of Employer Bockony Petrizzo Occupation Gov't Relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2007

Transaction ID: C4194979

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)  
Larry Rosenthal

Mailing Address 6107 N 29th St

City Arlington State VA Zip Code 22207

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

Name of Employer Ietan Consulting, LLC Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2007

Transaction ID: C4285457

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 63
	<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)  
Inslee for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Rhod M. Shaw		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address 230 W Windsor Ave		<b>Transaction ID:</b> C4298044	
City State Zip Code Alexandria VA 22301		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Alpine Group Consultant			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Wiley Rein LLP		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address 1776 K St NW		<b>Transaction ID:</b> C4286836	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

PARTNERSHIP--partners below if itemized

<b>C.</b> Full Name (Last, First, Middle Initial) Wiley Rein LLP		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 1776 K St NW		<b>Transaction ID:</b> C4298061	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	12500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 63	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City State Zip Code  
Washington DC 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9.36

Date of Receipt  

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

Transaction ID: C4180431

Amount of Each Receipt this Period  
9.36

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

\* In-Kind: Fundraising

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9.36

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 63
	(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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Air Line Pilots Association Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 1625 Massachusetts Ave NW		Transaction ID: C4194967
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C</b> C00035451		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> ALLTEL Corporation Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address One Allied Dr		Transaction ID: C4298049
City Little Rock	State AR	Zip Code 72202
FEC ID number of contributing federal political committee. <b>C</b> C00216556		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Amazon.com Holdings Inc. Separate Segregated Fund		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 126 C Street NW		Transaction ID: C4180733
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C</b> C00360354		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 63
	(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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. American Federation Of State County &amp; Municipal Em</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1625 L St NW		<b>Transaction ID: C4288921</b>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <b>C C00011114</b>		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. American Optometric Association Political Action C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 1505 Prince St Ste 300		<b>Transaction ID: C4298034</b>
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C C00024968</b>		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. AstraZeneca Inc PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 15438		<b>Transaction ID: C4298048</b>
City Wilmington	State DE	Zip Code 19850
FEC ID number of contributing federal political committee. <b>C C70003181</b>		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 63
	<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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> AT&T Inc. Federal PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007
Mailing Address 175 E Houston St		<b>Transaction ID:</b> C4298050
City State Zip Code San Antonio TX 78205	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00109017		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Biotechnology Industry Organization		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007
Mailing Address 1225 Eye Street NW Suite 400		<b>Transaction ID:</b> C4298053
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00355677		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Cisco Systems E-PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007
Mailing Address 20 Park Rd Suite E		<b>Transaction ID:</b> C4288922
City State Zip Code Burlingame CA 94010	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00362707		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 63
	(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)  
Inslee for Congress

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

Mailing Address 1400 16th St NW, # 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00262295

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

**Transaction ID:** C4298052

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)  
Dell Inc. PAC

Mailing Address 1225 Eye St NW, Ste 920

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00369751

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 9 / 2 0 0 7

**Transaction ID:** C4180735

Amount of Each Receipt this Period  
 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
EBAY, Inc - Cmte for Responsible Internet Commerce

Mailing Address 555 13th St NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00342394

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C4288919

Amount of Each Receipt this Period  
 1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 63
	<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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> GlaxoSmithKline PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 5 Moore Dr		<b>Transaction ID:</b> C4288923	
City State Zip Code Research Triangle NC 27709	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00199703		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Hewlett-Packard Co. PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 3000 Hanover St. 20QB		<b>Transaction ID:</b> C4194968	
City State Zip Code Palo Alto CA 94304	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00196725		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> I.B.E.W -C.O.P.E		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 900 7th St NW		<b>Transaction ID:</b> C4177674	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00027342		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 63
	(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)  
Inslee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Intel Corporation PAC

Mailing Address 1634 I St NW, Ste 300

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00125641

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C4194970

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)  
International Longshore & Warehouse Union PAC

Mailing Address 1188 Franklin St

City San Francisco State CA Zip Code 94109

FEC ID number of contributing federal political committee. **C** C00176214

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 9 / 2 0 0 7

**Transaction ID:** C4178162

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Johnson & Johnson Employees' Good Government Fund

Mailing Address 1 Johnson & Johnson Plaza

City New Brunswick State NJ Zip Code 08933-7204

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

**Transaction ID:** C4297126

Amount of Each Receipt this Period  
 1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 63
	<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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Merck &amp; Co Inc PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 601 Pennsylvania Ave NW, Bldg 1200		<b>Transaction ID: C4298058</b>
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00097485		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Microsoft Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 1401 I St NW 5th Flr		<b>Transaction ID: C4288918</b>
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00227546		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Morongo Band of Mission Indians Native American Ri</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 366		<b>Transaction ID: C4285459</b>
City State Zip Code Cabazon CA 92230-0366	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 63
	(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)  
Inslee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Morongo Band of Mission Indians Native American Ri

Mailing Address PO Box 366

City State Zip Code  
Cabazon CA 92230-0366

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2007

**Transaction ID:** C4285458

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Association of Realtors PAC

Mailing Address 430 N Michigan Ave.

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2007

**Transaction ID:** C4180616

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Oracle Corporation PAC

Mailing Address 1015 15th St NW Ste 200

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2007

**Transaction ID:** C4198450

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 63
	(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)  
Inslee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Oral and Maxillofacial Surgery PAC

Mailing Address 9700 W Bryn Mawr Ave

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2007

**Transaction ID:** C4298040

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Qwest Communications International Inc PAC

Mailing Address 607 14th St NW; Suite 950

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00237156

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2007

**Transaction ID:** C4286831

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)  
Saginaw Chippewa Indian Tribe of Michigan

Mailing Address 7070 E Broadway Rd

City State Zip Code  
Mt. Pleasant MI 48858

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2007

**Transaction ID:** C4285461

Amount of Each Receipt this Period  
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 63
	(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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Salt River Pima Maricopa Tribe</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 10005 E. Osborn Rd.		<b>Transaction ID: C4298037</b>
City State Zip Code Scottsdale AZ 85256	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. SEIU C.O.P.E</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 1800 Mass Ave NW		<b>Transaction ID: C4181310</b>
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C C00004036</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Sprint Nextel Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 2001 Edumd Halley Dr		<b>Transaction ID: C4286634</b>
City State Zip Code Reston VA 20191	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00089342</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 63
	(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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Sun Microsystems PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 1300 Eye Street NW Suite 420 East		<b>Transaction ID: C4180739</b>
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00347229		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Symantec Corporation Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 20330 Stevens Creek Blvd		<b>Transaction ID: C4198443</b>
City Cupertino State CA Zip Code 95014	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00394031		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. T-Mobile PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 401 9th St NW #550		<b>Transaction ID: C4298059</b>
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00361758		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 63
	(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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Technology Network Technet Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 2600 E Bayshore Rd, 1st Fl First Floor		<b>Transaction ID: C4198238</b>
City Palo Alto State CA Zip Code 94303	Amount of Each Receipt this Period 112.89	
FEC ID number of contributing federal political committee. <b>C</b> C00328369		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 112.89	

\* In-Kind: In Kind: Event Hospitality

Full Name (Last, First, Middle Initial) <b>B. Texas Instruments Inc PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 853912		<b>Transaction ID: C4298056</b>
City Richardson State TX Zip Code 75085	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00007070		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Time-Warner PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 800 Connecticut Ave NW, Ste 800		<b>Transaction ID: C4288920</b>
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00339291		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2112.89
<b>TOTAL</b> 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:	PAGE 24 / 63
	(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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. United States Cellular Corp. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address 8410 W Bryn Mawr Ave		<b>Transaction ID: C4286832</b>	
City State Zip Code Chicago IL 60631	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00336057</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Verisign PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007	
Mailing Address 1666 K St NW Ste 410		<b>Transaction ID: C4298045</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C C00359240</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Yahoo! Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2007	
Mailing Address 2000 Pennsylvania Ave. NW, ste. 42		<b>Transaction ID: C4180738</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00380535</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>54212.89</b>



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 63
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Friends of Tammy Duckworth

Mailing Address 416 W 22nd St

City State Zip Code  
Lombard IL 60148

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 14 / 2007

**Transaction ID: C4287655**

Amount of Each Receipt this Period  
1000.00

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

Contribution Refund

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

Mailing Address 8746 Mary Ave NW #2

City State Zip Code  
Seattle WA 98117

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
525.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2007

**Transaction ID: C4179876**

Amount of Each Receipt this Period  
525.00

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

Deposit Refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1525.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1525.00

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

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

FOR LINE NUMBER: PAGE 26 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 10645 NE 68th St  
City Kirkland State WA Zip Code 98033-7054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 26145.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 7  
Transaction ID: C4298993  
Amount of Each Receipt this Period  
1232.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Interest

**B.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 10645 NE 68th St  
City Kirkland State WA Zip Code 98033-7054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 26145.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 7  
Transaction ID: C4298994  
Amount of Each Receipt this Period  
821.33  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Interest

**C.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 10645 NE 68th St  
City Kirkland State WA Zip Code 98033-7054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 26145.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 7  
Transaction ID: C4298995  
Amount of Each Receipt this Period  
616.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2669.33  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 27 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 10645 NE 68th St  
City Kirkland State WA Zip Code 98033-7054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
26145.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 7  
Transaction ID: C4298996  
Amount of Each Receipt this Period  
456.90  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Interest

**B.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 10645 NE 68th St  
City Kirkland State WA Zip Code 98033-7054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
26145.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 7  
Transaction ID: C4298997  
Amount of Each Receipt this Period  
1229.67  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Interest

**C.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 10645 NE 68th St  
City Kirkland State WA Zip Code 98033-7054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
26145.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7  
Transaction ID: C4299000  
Amount of Each Receipt this Period  
827.56  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2514.13**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 28 / 63  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 10645 NE 68th St  
City Kirkland State WA Zip Code 98033-7054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
26145.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 7  
Transaction ID: C4298999  
Amount of Each Receipt this Period  
616.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Interest

**B.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 10645 NE 68th St  
City Kirkland State WA Zip Code 98033-7054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
26145.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 7  
Transaction ID: C4299001  
Amount of Each Receipt this Period  
375.51  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Interest

**C.** Full Name (Last, First, Middle Initial)  
Bank of America  
Mailing Address 10645 NE 68th St  
City Kirkland State WA Zip Code 98033-7054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
26145.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 7  
Transaction ID: C4299003  
Amount of Each Receipt this Period  
1227.33  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
\* Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2218.84  
**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 / 63
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 06 / 07 / 2007	
Mailing Address 10645 NE 68th St		Transaction ID: C4299004	
City Kirkland	State WA	Zip Code 98033-7054	Amount of Each Receipt this Period 819.78
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 26145.00	

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

\* Interest

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2007	
Mailing Address 10645 NE 68th St		Transaction ID: C4299005	
City Kirkland	State WA	Zip Code 98033-7054	Amount of Each Receipt this Period 614.72
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 26145.00	

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

\* Interest

Full Name (Last, First, Middle Initial) C. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007	
Mailing Address 10645 NE 68th St		Transaction ID: C4299589	
City Kirkland	State WA	Zip Code 98033-7054	Amount of Each Receipt this Period 350.56
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 26145.00	

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

\* Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1785.06
<b>TOTAL</b> This Period (last page this line number only) .....	9187.36

# 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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		<b>Transaction ID:</b> D199169 Date of Disbursement 04 / 02 / 2007
Mailing Address PO Box 78522		Amount of Each Disbursement this Period 44.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix	State AZ	
Zip Code 85062		
Purpose of Disbursement Telephone Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		<b>Transaction ID:</b> D199175 Date of Disbursement 04 / 12 / 2007
Mailing Address 10645 NE 68th St		Amount of Each Disbursement this Period 25.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kirkland	State WA	
Zip Code 98033-7054		
Purpose of Disbursement Bank Fees Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID:</b> D199181 Date of Disbursement 04 / 19 / 2007
Mailing Address 10645 NE 68th St		Amount of Each Disbursement this Period 0.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kirkland	State WA	
Zip Code 98033-7054		
Purpose of Disbursement Bank Fees Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>69.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> D199207 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 10645 NE 68th St		Amount of Each Disbursement this Period 100.21
City Kirkland State WA Zip Code 98033-7054	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christopher McCullough</b>		<b>Transaction ID:</b> D199206 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 10231 5th Ave SW		Amount of Each Disbursement this Period 1653.99
City Seattle State WA Zip Code 98146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christopher McCullough</b>		<b>Transaction ID:</b> D199192 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 10231 5th Ave SW		Amount of Each Disbursement this Period 1653.99
City Seattle State WA Zip Code 98146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3408.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Christopher McCullough</b>		<b>Transaction ID: D199178</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 10231 5th Ave SW		Amount of Each Disbursement this Period 1653.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle State WA Zip Code 98146		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christopher McCullough</b>		<b>Transaction ID: D199213</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 10231 5th Ave SW		Amount of Each Disbursement this Period 1653.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle State WA Zip Code 98146		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Christopher McCullough</b>		<b>Transaction ID: D199235</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 10231 5th Ave SW		Amount of Each Disbursement this Period 1653.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle State WA Zip Code 98146		
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4961.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Christopher McCullough</b>		<b>Transaction ID: D199253</b> Date of Disbursement 06 / 28 / 2007
Mailing Address 10231 5th Ave SW		Amount of Each Disbursement this Period 1653.99
City Seattle State WA Zip Code 98146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		<b>Transaction ID: D199237</b> Date of Disbursement 06 / 19 / 2007
Mailing Address 1500 Market St		Amount of Each Disbursement this Period 46.95
City Philadelphia State PA Zip Code 19102	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Comcast</b>		<b>Transaction ID: D199183</b> Date of Disbursement 04 / 19 / 2007
Mailing Address 1500 Market St		Amount of Each Disbursement this Period 42.95
City Philadelphia State PA Zip Code 19102	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1743.89
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		<b>Transaction ID:</b> D199205 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 7
Mailing Address 1500 Market St		Amount of Each Disbursement this Period 42.95
City Philadelphia State PA Zip Code 19102	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		<b>Transaction ID:</b> D179679 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 430 S Capitol St SE		Amount of Each Disbursement this Period 9.36
City Washington State DC Zip Code 20003-4024	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received

Full Name (Last, First, Middle Initial) <b>C. Extra Space Storage</b>		<b>Transaction ID:</b> D199208 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 1430 N 130th St		Amount of Each Disbursement this Period 158.00
City Seattle State WA Zip Code 98133	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	210.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Extra Space Storage</b>		<b>Transaction ID:</b> D199238 Date of Disbursement 06 / 25 / 2007
Mailing Address 1430 N 130th St		Amount of Each Disbursement this Period 158.00
City Seattle State WA Zip Code 98133	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Trudi Inslee</b>		<b>Transaction ID:</b> D199224 Date of Disbursement 06 / 09 / 2007
Mailing Address 1197 Hawley Way NE		Amount of Each Disbursement this Period 75.00
City Bainbridge Island State WA Zip Code 98110-1932	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Taxi Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Trudi Inslee</b>		<b>Transaction ID:</b> D199225 Date of Disbursement 06 / 09 / 2007
Mailing Address 1197 Hawley Way NE		Amount of Each Disbursement this Period 40.00
City Bainbridge Island State WA Zip Code 98110-1932	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Taxi Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	273.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

<b>A. Trudi Inslee</b> Full Name (Last, First, Middle Initial) Mailing Address 1197 Hawley Way NE City Bainbridge Island State WA Zip Code 98110-1932 Purpose of Disbursement Travel Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D199168</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 144.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>B. Internal Revenue Service</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 7922 City San Francisco State CA Zip Code 94120-7922 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D199172</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 1006.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Internal Revenue Service</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 7922 City San Francisco State CA Zip Code 94120-7922 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D199197</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 1006.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2156.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		<b>Transaction ID:</b> D199221 Date of Disbursement 06 / 08 / 2007
Mailing Address PO Box 7922		Amount of Each Disbursement this Period 1006.00
City San Francisco State CA Zip Code 94120-7922	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Taxes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. JYP Consulting</b>		<b>Transaction ID:</b> D199239 Date of Disbursement 06 / 25 / 2007
Mailing Address 236 Massachuettts Ave NE #608		Amount of Each Disbursement this Period 3500.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JYP Consulting</b>		<b>Transaction ID:</b> D199240 Date of Disbursement 06 / 25 / 2007
Mailing Address 236 Massachuettts Ave NE #608		Amount of Each Disbursement this Period 1265.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Event Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5771.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. JYP Consulting</b>		<b>Transaction ID:</b> D199198 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 236 Massachuettts Ave NE #608		Amount of Each Disbursement this Period 2304.93
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Event Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. JYP Consulting</b>		<b>Transaction ID:</b> D199195 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 236 Massachuettts Ave NE #608		Amount of Each Disbursement this Period 3500.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JYP Consulting</b>		<b>Transaction ID:</b> D199210 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 236 Massachuettts Ave NE #608		Amount of Each Disbursement this Period 3500.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9304.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. JYP Consulting</b>		<b>Transaction ID:</b> D199211 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 236 Massachuettts Ave NE #608		Amount of Each Disbursement this Period 684.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002		
Purpose of Disbursement Fundraising Event Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. JYP Consulting</b>		<b>Transaction ID:</b> D199186 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 236 Massachuettts Ave NE #608		Amount of Each Disbursement this Period 770.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002		
Purpose of Disbursement Fundraising Event Expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. NGP Software</b>		<b>Transaction ID:</b> D198854 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 5505 Connecticut Ave. NW #277		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20015		
Purpose of Disbursement Data Services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2055.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

<b>A. Project Accounting Services</b> Full Name (Last, First, Middle Initial) Mailing Address 603 Stewart St #819 City Seattle State WA Zip Code 98101 Purpose of Disbursement Accounting/Compliance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D199167</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7 Amount of Each Disbursement this Period 576.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Project Accounting Services</b> Full Name (Last, First, Middle Initial) Mailing Address 603 Stewart St #819 City Seattle State WA Zip Code 98101 Purpose of Disbursement Accounting/Compliance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D199200</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 1050.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Project Accounting Services</b> Full Name (Last, First, Middle Initial) Mailing Address 603 Stewart St #819 City Seattle State WA Zip Code 98101 Purpose of Disbursement Accounting/Compliance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D199219</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7 Amount of Each Disbursement this Period 490.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2116.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Qwest</b>		<b>Transaction ID:</b> D199223 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 7
Mailing Address PO Box 12480		Amount of Each Disbursement this Period 47.27
City Seattle State WA Zip Code 98111-4480	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Qwest</b>		<b>Transaction ID:</b> D199204 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 7
Mailing Address PO Box 12480		Amount of Each Disbursement this Period 50.83
City Seattle State WA Zip Code 98111-4480	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Qwest</b>		<b>Transaction ID:</b> D199176 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address PO Box 12480		Amount of Each Disbursement this Period 65.55
City Seattle State WA Zip Code 98111-4480	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	163.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Qwest</b>		<b>Transaction ID:</b> D199184 Date of Disbursement 04 / 19 / 2007
Mailing Address PO Box 12480		Amount of Each Disbursement this Period 63.33
City Seattle State WA Zip Code 98111-4480	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Sharpwood Management LLC</b>		<b>Transaction ID:</b> D199187 Date of Disbursement 04 / 23 / 2007
Mailing Address PO Box 17		Amount of Each Disbursement this Period 355.49
City Snoqualmie Pass State WA Zip Code 98068	Purpose of Disbursement Meeting Food Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. T-Mobile</b>		<b>Transaction ID:</b> D199196 Date of Disbursement 04 / 30 / 2007
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 170.03
City Cincinnati State OH Zip Code 45274	Purpose of Disbursement Telephone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>588.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. T-Mobile</b>		<b>Transaction ID:</b> D199218 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 174.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. T-Mobile</b>		<b>Transaction ID:</b> D199252 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 170.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		<b>Transaction ID:</b> D199214 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address Bitterlake Post Office		Amount of Each Disbursement this Period 41.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle State WA Zip Code 98133		
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>385.85</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		<b>Transaction ID:</b> D199177 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address Bitterlake Post Office		Amount of Each Disbursement this Period 80.00
City Seattle State WA Zip Code 98133	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US Senate Restaurant</b>		<b>Transaction ID:</b> D199227 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address US Capitol SB23S		Amount of Each Disbursement this Period 201.60
City Washington State DC Zip Code 20510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reception Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> D199216 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 48.96
City Mission Hills State CA Zip Code 91346	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>330.56</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> D199174 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 60.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mission Hills State CA Zip Code 91346		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> D199202 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 48.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mission Hills State CA Zip Code 91346		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> D199194 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 7
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 270.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mission Hills State CA Zip Code 91346		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>379.28</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		<b>Transaction ID:</b> D199170 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address PO Box 17577		Amount of Each Disbursement this Period 73.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-0513	Category/ Type	
Purpose of Disbursement Telephone Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		<b>Transaction ID:</b> D199222 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 7
Mailing Address PO Box 17577		Amount of Each Disbursement this Period 72.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-0513	Category/ Type	
Purpose of Disbursement Telephone Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID:</b> D199254 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address PO Box 17577		Amount of Each Disbursement this Period 72.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-0513	Category/ Type	
Purpose of Disbursement Telephone Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>218.89</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		<b>Transaction ID:</b> D199171 Date of Disbursement
Mailing Address 10645 NE 68th St		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City Kirkland	State WA	Zip Code 98033-7054
Purpose of Disbursement Credit Card Payment	<input type="text" value="785.99"/>	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Alaska Airlines</b>		<b>Transaction ID:</b> D199393 Date of Disbursement
Mailing Address 19300 International Blvd		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City Seatac	State WA	Zip Code 98188
Purpose of Disbursement Travel	<input type="text" value="20.00"/>	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		<b>Transaction ID:</b> D199397 Date of Disbursement
Mailing Address PO Box 78522		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City Phoenix	State AZ	Zip Code 85062
Purpose of Disbursement Telephone	<input type="text" value="19.95"/>	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="785.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Hewlett Packard</b>		Transaction ID: D199395 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 3000 Hanover St		Amount of Each Disbursement this Period 222.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Palo Alto State CA Zip Code 94304-1112	Purpose of Disbursement Computer Equipment Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. T-Mobile</b>		Transaction ID: D199396 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 39.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Cincinnati State OH Zip Code 45274	Purpose of Disbursement Telephone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. US House Members Dining Room</b>		Transaction ID: D199392 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address Capitol Building		Amount of Each Disbursement this Period 237.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Washington State Ferries</b>		Transaction ID: D199394 Date of Disbursement 04 / 02 / 2007	
Mailing Address 2911 2nd Ave		Amount of Each Disbursement this Period 52.00	
City Seattle State WA Zip Code 98121-1012	Purpose of Disbursement Travel	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Transaction ID: D199193 Date of Disbursement 04 / 28 / 2007	
Mailing Address 10645 NE 68th St		Amount of Each Disbursement this Period 1102.64	
City Kirkland State WA Zip Code 98033-7054	Purpose of Disbursement Credit Card Payment	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Transaction ID: D199380 Date of Disbursement 04 / 28 / 2007	
Mailing Address PO Box 78522		Amount of Each Disbursement this Period 19.95	
City Phoenix State AZ Zip Code 85062	Purpose of Disbursement Internet	<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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1102.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Christopher McCullough</b>		<b>Transaction ID:</b> D199203 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 10231 5th Ave SW		Amount of Each Disbursement this Period 1418.77
City Seattle State WA Zip Code 98146	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Expense Reimbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Blue Utopia</b>		<b>Transaction ID:</b> D199373 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 900 1st Ave S #304		Amount of Each Disbursement this Period 85.00
City Seattle State WA Zip Code 98134	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Hosting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Cingular</b>		<b>Transaction ID:</b> D199374 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 326.28
City Los Angeles State CA Zip Code 90060-0017	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1418.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

<b>A. Costco</b> Full Name (Last, First, Middle Initial) Mailing Address 106 Aurora Ave N City Seattle State WA Zip Code 98109-5023 Purpose of Disbursement Event Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D199376 Date of Disbursement 05 / 10 / 2007 Amount of Each Disbursement this Period 130.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>B. McCormick &amp; Schmicks</b> Full Name (Last, First, Middle Initial) Mailing Address 9404 E Marginal Way S City Tukwila State WA Zip Code 98108-4046 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D199385 Date of Disbursement 04 / 28 / 2007 Amount of Each Disbursement this Period 55.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>C. McCormick &amp; Schmicks</b> Full Name (Last, First, Middle Initial) Mailing Address 9404 E Marginal Way S City Tukwila State WA Zip Code 98108-4046 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D199388 Date of Disbursement 04 / 28 / 2007 Amount of Each Disbursement this Period 114.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Network Solutions LLC</b>		<b>Transaction ID:</b> D199391 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 7
Mailing Address 13861 Sunrise Valley Dr		Amount of Each Disbursement this Period 330.00
City Herndon State VA Zip Code 20171	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Domain Registration	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Regence</b>		<b>Transaction ID:</b> D199372 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address PO Box 21267		Amount of Each Disbursement this Period 557.94
City Seattle State WA Zip Code 98111	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Insurance	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Washington State Ferries</b>		<b>Transaction ID:</b> D199386 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 7
Mailing Address 2911 2nd Ave		Amount of Each Disbursement this Period 52.00
City Seattle State WA Zip Code 98121-1012	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel	Candidate Name	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Washington State Ferries</b>		Transaction ID: D199383 Date of Disbursement 04 / 28 / 2007	
Mailing Address 2911 2nd Ave		Amount of Each Disbursement this Period 180.00	
City Seattle	State WA	Zip Code 98121-1012	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Travel	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Transaction ID: D199226 Date of Disbursement 06 / 09 / 2007	
Mailing Address 10645 NE 68th St		Amount of Each Disbursement this Period 2374.60	
City Kirkland	State WA	Zip Code 98033-7054	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Credit Card Payment	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Alaska Airlines</b>		Transaction ID: D199370 Date of Disbursement 06 / 09 / 2007	
Mailing Address 19300 International Blvd		Amount of Each Disbursement this Period 718.80	
City Seatac	State WA	Zip Code 98188	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Travel	Category/Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2374.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Alaska Airlines</b>		Transaction ID: D199367 Date of Disbursement 06 / 09 / 2007
Mailing Address 19300 International Blvd		Amount of Each Disbursement this Period 835.80
City Seatac State WA Zip Code 98188	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Transaction ID: D199364 Date of Disbursement 06 / 09 / 2007
Mailing Address PO Box 78522		Amount of Each Disbursement this Period 19.99
City Phoenix State AZ Zip Code 85062	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Internet Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. New York Times</b>		Transaction ID: D199368 Date of Disbursement 06 / 09 / 2007
Mailing Address 229 West 43rd Street		Amount of Each Disbursement this Period 360.78
City New York State NY Zip Code 10036	<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	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. T-Mobile</b>		Transaction ID: D199371 Date of Disbursement 06 / 09 / 2007
Mailing Address PO Box 742596		Amount of Each Disbursement this Period 39.99
City Cincinnati State OH Zip Code 45274	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US House Members Dining Room</b>		Transaction ID: D199366 Date of Disbursement 06 / 09 / 2007
Mailing Address Capitol Building		Amount of Each Disbursement this Period 56.35
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Washington State Ferries</b>		Transaction ID: D199362 Date of Disbursement 06 / 09 / 2007
Mailing Address 2911 2nd Ave		Amount of Each Disbursement this Period 52.00
City Seattle State WA Zip Code 98121-1012	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial)

**A.** Washington State Ferries

Mailing Address 2911 2nd Ave

City State Zip Code  
Seattle WA 98121-1012

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D199363

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

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

**39820.06**



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

<b>A. Citizens to Elect DJ Wilson</b> Full Name (Last, First, Middle Initial) Mailing Address 19213 Olympia View Drive City Edmonds State WA Zip Code 98020 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D199209</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>B. Darcy Burner for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1090 City Carnation State WA Zip Code 98014 Purpose of Disbursement Contribution Candidate Name Darcy Burner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D199251</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Democratic Congressional Campaign Ctte</b> Full Name (Last, First, Middle Initial) Mailing Address 430 South Capitol St SE City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D199236</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 30000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	32500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Ellsworth for Congress</b>		Transaction ID: D199247 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 62		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Evansville	State IN Zip Code 47708	
Purpose of Disbursement Contribution		
Candidate Name Brad Ellsworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 08		

Full Name (Last, First, Middle Initial) <b>B. Friends of Jim Marshall</b>		Transaction ID: D199230 Date of Disbursement 06 / 13 / 2007
Mailing Address PO Box 125		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Macon	State GA Zip Code 31201	
Purpose of Disbursement For Primary 2008		
Candidate Name Jim Marshall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 08		

Full Name (Last, First, Middle Initial) <b>C. Friends of Jim Marshall</b>		Transaction ID: D199231 Date of Disbursement 06 / 13 / 2007
Mailing Address PO Box 125		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Macon	State GA Zip Code 31201	
Purpose of Disbursement For General 2008		
Candidate Name Jim Marshall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 08		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Heath Shuler for Congress</b>		<b>Transaction ID:</b> D199248 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 97		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hazelwood	State NC	
Zip Code 28738	Category/Type	
Purpose of Disbursement Contribution		
Candidate Name Heath Shuler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>B. Hoosiers For Hill</b>		<b>Transaction ID:</b> D199243 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 1071		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seymour	State IN	
Zip Code 47274	Category/Type	
Purpose of Disbursement Contribution For Primary 2008		
Candidate Name Baron Hill		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 09		

Full Name (Last, First, Middle Initial) <b>C. Hoosiers For Hill</b>		<b>Transaction ID:</b> D199232 Date of Disbursement 06 / 13 / 2007
Mailing Address PO Box 1071		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seymour	State IN	
Zip Code 47274	Category/Type	
Purpose of Disbursement Contribution For Primary 2008		
Candidate Name Baron Hill		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 09		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Institute for a Democratic Future</b>		<b>Transaction ID:</b> D199234 Date of Disbursement 06 / 13 / 2007
Mailing Address PO Box 31596		Amount of Each Disbursement this Period 500.00
City Seattle State WA Zip Code 98103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kagen 4 Congress</b>		<b>Transaction ID:</b> D199249 Date of Disbursement 06 / 26 / 2007
Mailing Address 100 W College Ave #50D		Amount of Each Disbursement this Period 1000.00
City Appleton State WI Zip Code 54911	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Steven Kagen		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Klein for Congress</b>		<b>Transaction ID:</b> D199233 Date of Disbursement 06 / 13 / 2007
Mailing Address 21301 Powerline Rd Suite 204		Amount of Each Disbursement this Period 1000.00
City Boca Raton State FL Zip Code 33433	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution For Primary 2008 Candidate Name Ron Klein		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. NARAL Pro Choice Foundation</b>		<b>Transaction ID:</b> D199188
Mailing Address 811 First Ave #450		Date of Disbursement 04 / 23 / 2007
City Seattle	State WA	Zip Code 98104
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. People for Chris Gregoire</b>		<b>Transaction ID:</b> D199220
Mailing Address PO Box 2771		Date of Disbursement 06 / 05 / 2007
City Seattle	State WA	Zip Code 98111
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Planned Parenthood Votes Washington PAC</b>		<b>Transaction ID:</b> D199191
Mailing Address 2001 E Madison St.		Date of Disbursement 04 / 26 / 2007
City Seattle	State WA	Zip Code 98122
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 1250.00
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

Full Name (Last, First, Middle Initial) <b>A. Tim Mahoney for Florida</b>		<b>Transaction ID:</b> D199244 Date of Disbursement 06 / 26 / 2007
Mailing Address 4114 Northlake Blvd Ste 300		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Beach Gardens State FL Zip Code 33410	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Tim Mahoney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tim Walz for US Congress</b>		<b>Transaction ID:</b> D199246 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 938		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mankato State MN Zip Code 56002	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Timothy Walz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Young Democrats of America</b>		<b>Transaction ID:</b> D199241 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 4642		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Seattle State WA Zip Code 98194	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Inslee for Congress

A. Full Name (Last, First, Middle Initial)  
Zack Space for Congress Committee

Mailing Address 714 N Wooster Ave

City Dover State OH Zip Code 44622

Purpose of Disbursement  
Contribution

Candidate Name  
Zack Space

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 18

Transaction ID: D199245

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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

47750.00