

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
JOHN T. DOOLITTLE FOR CONGRESS

ADDRESS (number and street) 2150 RIVER PLAZA DR. #150  
 Check if different than previously reported. (ACC)  
SACRAMENTO CA 95833

2. **FEC IDENTIFICATION NUMBER** C00242768  
**CITY** STATE ZIP CODE STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CA 04

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

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

5. Covering Period 07 01 2008 through 09 30 2008

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

Signature of Treasurer Electronically Filed by DAVID BAUER Date 10 05 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

JOHN T. DOOLITTLE FOR CONGRESS

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	11057.00	368133.10
(b) Total Contribution Refunds (from Line 20(d)).....	13611.00	30307.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-2554.00	337826.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	3577.53	596301.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	53673.84
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3577.53	542627.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13204.19	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	152852.15	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
JOHN T. DOOLITTLE FOR CONGRESS

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

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

7286.00

220712.00

(ii) Unitemized.....

121.00

21850.10

(iii) TOTAL of contributions

7407.00

242562.10

from individuals..... ▶

0.00

421.00

(b) Political Party Committees.....

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

3650.00

125150.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)

11057.00

368133.10

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

53673.84

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

0.00

0.00

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

11057.00

421806.94

**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.....	3577.53	596301.53
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.....	11853.00	26049.00
(b) Political Party Committees.....	108.00	108.00
(c) Other Political Committees (such as PACs).....	1650.00	4150.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	13611.00	30307.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	17188.53	626608.53

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19335.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	11057.00
25. SUBTOTAL (add Line 23 and Line 24).....	30392.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17188.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13204.19

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 42
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) JO ANN ALLRED		Date of Receipt
	Mailing Address 8781 ZUMWALT AVE.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Orangevale	CA	95662
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.71276
Name of Employer NONE	Occupation RETIRED	Amount of Each Receipt this Period	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text"/>	<input type="text"/> 10.00	
	<input type="text"/> 275.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>B.</b>	Full Name (Last, First, Middle Initial) JO ANN ALLRED		Date of Receipt
	Mailing Address 8781 ZUMWALT AVE.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Orangevale	CA	95662
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.71279
Name of Employer NONE	Occupation RETIRED	Amount of Each Receipt this Period	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text"/>	<input type="text"/> 14.00	
	<input type="text"/> 275.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM HEINLEIN		Date of Receipt
	Mailing Address 1523 MISTY WOOD DR.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	ROSEVILLE	CA	95747
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: INC.A.71366
Name of Employer N/A	Occupation retired	Amount of Each Receipt this Period	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text"/>	<input type="text"/> 108.00	
	<input type="text"/> 272.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 132.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 42  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
ROGER W. NIELLO

Mailing Address 2020 FULTON AVE.

City Sacramento State CA Zip Code 95825

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

Name of Employer STATE OF CALIF. Occupation ASSEMBLYMAN

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1350.00

Date of Receipt: 09 / 15 / 2008  
Transaction ID: INC.A.71365  
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)  
ELINOR BRADY

Mailing Address 1410 LAKEHILLS DR.

City El Dorado Hills State CA Zip Code 95762

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

Name of Employer none Occupation housewife

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 222.00

Date of Receipt: 09 / 16 / 2008  
Transaction ID: INC.A.71347  
Amount of Each Receipt this Period: 108.00

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

**C.**

Full Name (Last, First, Middle Initial)  
GARY ROSS

Mailing Address 3761 NICOLAUS RD.

City LINCOLN State CA Zip Code 95648

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

Name of Employer Marybelle Farms Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 16 / 2008  
Transaction ID: INC.A.71350  
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) ..... ► **1608.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 42  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**JOHN T. DOOLITTLE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CAMILLE G. SWOBODA**

Mailing Address **8337 LAKELAND DR.**

City **Granite Bay** State **CA** Zip Code **95746**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **378.00**

Date of Receipt **09 / 16 / 2008**  
**Transaction ID: INC.A.71349**  
 Amount of Each Receipt this Period **200.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**HENRY C. WALTHER**

Mailing Address **6845 RANCHO LOS PAVOS**

City **Granite Bay** State **CA** Zip Code **95746**

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

Name of Employer **CASE** Occupation **PHYSICIAN**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **650.00**

Date of Receipt **09 / 16 / 2008**  
**Transaction ID: INC.A.71348**  
 Amount of Each Receipt this Period **300.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**JO ANN ALLRED**

Mailing Address **8781 ZUMWALT AVE.**

City **Orangevale** State **CA** Zip Code **95662**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **275.00**

Date of Receipt **09 / 17 / 2008**  
**Transaction ID: INC.A.71355**  
 Amount of Each Receipt this Period **96.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **596.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 42  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
PAUL SNIDER  
Mailing Address 5150 MADISON AVE.  
City Sacramento State CA Zip Code 95841  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SNIDER EXECUTIVE OFFICE Occupation OWNER  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
Date of Receipt 09 / 17 / 2008  
Transaction ID: INC.A.71351  
Amount of Each Receipt this Period 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
JACK S. TAYLOR  
Mailing Address 2005 PORT ALBANS CIR.  
City Newport Beach State CA Zip Code 92660  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation RETIRED  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
Date of Receipt 09 / 17 / 2008  
Transaction ID: INC.A.71356  
Amount of Each Receipt this Period 216.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
JOHN R. VANDENBERG  
Mailing Address 10210 TIMBERLAND DR.  
City GRASS VALLEY State CA Zip Code 95949  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
Date of Receipt 09 / 17 / 2008  
Transaction ID: INC.A.71353  
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) ..... ► **1016.00**  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 42  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**JOHN T. DOOLITTLE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN W. WOLFENDEN**  
 Mailing Address **6020 SOUTH SHINGLE RD.**  
 City **Shingle Springs** State **CA** Zip Code **95682**  
 Date of Receipt MM / DD / YYYY  
09 / 17 / 2008  
**Transaction ID: INC.A.71354**  
 Amount of Each Receipt this Period  
110.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer **n/a** Occupation **Not employed**  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 284.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
**BONNIE WILLIAMS**  
 Mailing Address **9260 WINDING OAK DR.**  
 City **Fair Oaks** State **CA** Zip Code **95628**  
 Date of Receipt MM / DD / YYYY  
09 / 18 / 2008  
**Transaction ID: INC.A.71363**  
 Amount of Each Receipt this Period  
950.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer **NONE** Occupation **housewife**  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2205.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM BREINER**  
 Mailing Address **13410 LAGUNITA WAY**  
 City **JACKSON** State **CA** Zip Code **95642**  
 Date of Receipt MM / DD / YYYY  
09 / 19 / 2008  
**Transaction ID: INC.A.71360**  
 Amount of Each Receipt this Period  
350.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer **N/A** Occupation **NOT EMPLOYED**  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1157.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1410.00  
**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT J. CREEDON	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 10660 WILTON ROAD	<b>Transaction ID:</b> INC.A.71364
	City State Zip Code Elk Grove CA 95624	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer SENATOR FORD Occupation AUTO DEALER Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL W. ZGRAGGEN	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 13085 MOSS ROCK DR.	<b>Transaction ID:</b> INC.A.71361
	City State Zip Code Auburn CA 95602	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation RETIRED Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 415.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD H. PLAND	Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 11292 MCKIBBIN	<b>Transaction ID:</b> INC.A.71369
	City State Zip Code Jamestown CA 95327	Amount of Each Receipt this Period 108.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer FIBREBOARD Occupation VP Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>716.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 42  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address 9715 WEDGEWOOD PLACE

City State Zip Code  
Granite Bay CA 95746

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

Name of Employer Occupation  
LYON REALTY REALTOR

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2008

**Transaction ID:** INC.A.71370

Amount of Each Receipt this Period  
350.00

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

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

Mailing Address 8933 MACKEY RD.

City State Zip Code  
Elk Grove CA 95624

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

Name of Employer Occupation  
N/A NOT EMPLOYED

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2008

**Transaction ID:** INC.A.71368

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
HENRY VAN MOURIK

Mailing Address 23 GOLFWOOD CT.

City State Zip Code  
ROSEVILLE CA 95678

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

Name of Employer Occupation  
self sales

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2008

**Transaction ID:** INC.A.71371

Amount of Each Receipt this Period  
108.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **658.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 42
	<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)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) JOSEPH E. DORR	Date of Receipt MM / DD / YYYY 09 / 24 / 2008
	Mailing Address 1000 SUNRISE AVE. #9B	Transaction ID: INC.A.71372
	City State Zip Code Roseville CA 95661	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer SELF Occupation CONSULTANT Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JASON LEINEKE	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 4001 BUCHANAN DR.	Transaction ID: INC.A.71375
	City State Zip Code Fair Oaks CA 95628	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer JOAN LEINEKE CATERING Occupation CATERER Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KENNETH B. NOACK	Date of Receipt MM / DD / YYYY 09 / 26 / 2008
	Mailing Address 2740 LAUREL DR.	Transaction ID: INC.A.71374
	City State Zip Code Sacramento CA 95825	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer NOACK AND DEAN Occupation INSURANCE SALES Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) DUNCAN V. PATTY		Date of Receipt
	Mailing Address 13005 CREEKVIEW CT.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 26 / 2008
	City	State	Zip Code
	Auburn	CA	95603
	FEC ID number of contributing federal political committee.		Transaction ID: INC.A.71373
	C		Amount of Each Receipt this Period
Name of Employer SELF		Occupation INVESTOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 1250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7286.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 42  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Radanovich for Congress  
Mailing Address 30151 Tomas Street  
City Rancho Santa Marga State CA Zip Code 92688  
FEC ID number of contributing federal political committee. **C** C00326975  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 07 / 23 / 2008  
Transaction ID: INC.A.71278  
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)  
RED PAC  
Mailing Address P.O. BOX 51  
City HOMELAND State FL Zip Code 33847  
FEC ID number of contributing federal political committee. **C** C00389122  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00  
Date of Receipt 09 / 03 / 2008  
Transaction ID: INC.A.71284  
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)  
FRIENDS OF BRUCE KRANZ  
Mailing Address P.O. BOX 352  
City MEADOW VISTA State CA Zip Code 95722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 700.00  
Date of Receipt 09 / 16 / 2008  
Transaction ID: INC.A.71346  
Amount of Each Receipt this Period 350.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3650.00  
**TOTAL** This Period (last page this line number only) ..... ► 3650.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID BAUER  Mailing Address 2150 RIVER PLAZA DR. #150  City Sacramento State CA Zip Code 95833  Purpose of Disbursement SHIPPING Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.71274 Date of Disbursement 07 / 11 / 2008  Amount of Each Disbursement this Period 94.48  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) FIRST CARD  Mailing Address P. O. BOX 94014  City PALATINE State IL Zip Code 60094  Purpose of Disbursement CREDIT CARD STATEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.71272 Date of Disbursement 07 / 11 / 2008  Amount of Each Disbursement this Period 653.89  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) ROSEVILLE PARKS AND REC  Mailing Address 330 VERNON ST.  City ROSEVILLE State CA Zip Code 95678  Purpose of Disbursement FACILITY RENTAL Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EDT.B.1262 Date of Disbursement 06 / 05 / 2008  Amount of Each Disbursement this Period 163.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b>

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

**748.37**

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





# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
THE SUTTER CLUB

Mailing Address 1220 9TH ST.

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
DUES

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.71273  
Date of Disbursement

07 / 11 / 2008

Amount of Each Disbursement this Period

380.66

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

B.

Full Name (Last, First, Middle Initial)  
DAVID BAUER

Mailing Address 2150 RIVER PLAZA DR. #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
ACCOUNTING SVC.

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.71281  
Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

724.50

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

C.

Full Name (Last, First, Middle Initial)  
JOHNSONCLARK ASSOC.

Mailing Address 2150 RIVER PLAZA DR. #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
STORAGE

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.71283  
Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

212.98

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

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

1318.14

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address P. O. BOX 30697

City LOS ANGELES State CA Zip Code 90030

Purpose of Disbursement  
PHONE SVC.

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.71282  
Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

7.77

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

**B.** Full Name (Last, First, Middle Initial)  
**BETTY LOU DILLINGHAM**

Mailing Address 1508 SMITH ROAD

City YUBA CITY State CA Zip Code 95995

Purpose of Disbursement  
TRAVEL EXP

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.71343  
Date of Disbursement

09 / 10 / 2008

Amount of Each Disbursement this Period

330.00

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

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

Mailing Address SACRAMENTO INT'L AIRPORT

City Sacramento State CA Zip Code 95838

Purpose of Disbursement  
AIRFARE

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: PDT.B.902  
Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

330.00

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

[MEMO ITEM]

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

337.77

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 42

<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)  
JOHN T. DOOLITTLE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
SUREWEST COMMUNICATIONS

Transaction ID: EXP.B.71376

Date of Disbursement

Mailing Address P. O. BOX 30697

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

City State Zip Code  
LOS ANGELES CA 90030

Amount of Each Disbursement this Period

15.30
-------

Purpose of Disbursement  
PHONE SVC.

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

15.30

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

3577.53

**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 checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Radanovich for Congress	Transaction ID: EXP.B.71285 Date of Disbursement 09 / 04 / 2008
	Mailing Address 30151 Tomas Street	Amount of Each Disbursement this Period 300.00
	City Rancho Santa Marga State CA Zip Code 92688	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Candidate Name Radanovich for Congress Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF BRUCE KRANZ	Transaction ID: EXP.B.71301 Date of Disbursement 09 / 08 / 2008
	Mailing Address P.O. BOX 352	Amount of Each Disbursement this Period 350.00
	City MEADOW VISTA State CA Zip Code 95722	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Candidate Name FRIENDS OF BRUCE KRANZ Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) SUREWEST COMMUNICATIONS PAC	Transaction ID: EXP.B.71338 Date of Disbursement 09 / 08 / 2008
	Mailing Address 455 CAPITOL MALL, STE. 801	Amount of Each Disbursement this Period 1000.00
	City SACRAMENTO State CA Zip Code 95814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Candidate Name SUREWEST COMMUNICATIONS PAC Category/Type 010	
	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>1650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1650.00</b>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
WILLIAM BREINER

Mailing Address 13410 LAGUNITA WAY

City JACKSON State CA Zip Code 95642

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Transaction ID: EXP.B.71339  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

350.00

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

B.

Full Name (Last, First, Middle Initial)  
ROBERT J. CREEDON

Mailing Address 10660 WILTON ROAD

City Elk Grove State CA Zip Code 95624

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Transaction ID: EXP.B.71335  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)  
BETTY LOU DILLINGHAM

Mailing Address 1508 SMITH ROAD

City YUBA CITY State CA Zip Code 95995

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Transaction ID: EXP.B.71286  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1350.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) HELEN DORR  Mailing Address 1920 VISTA CREEK DR.  City Roseville State CA Zip Code 95661  Purpose of Disbursement  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>Transaction ID:</b> EXP.B.71306 Date of Disbursement 09 / 08 / 2008  Amount of Each Disbursement this Period 350.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) JOSEPH E. DORR  Mailing Address 1000 SUNRISE AVE. #9B  City Roseville State CA Zip Code 95661  Purpose of Disbursement  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>Transaction ID:</b> EXP.B.71319 Date of Disbursement 09 / 08 / 2008  Amount of Each Disbursement this Period 350.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) CRAIG LEDBETTER  Mailing Address 1416 IRIS DR. APT 4  City LODI State CA Zip Code 95242  Purpose of Disbursement  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>Transaction ID:</b> EXP.B.71293 Date of Disbursement 09 / 08 / 2008  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1700.00</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 checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
JASON LEINEKE

Mailing Address 4001 BUCHANAN DR.

City State Zip Code  
Fair Oaks CA 95628

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Transaction ID: EXP.B.71322  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)  
ROGER W. NIELLO

Mailing Address 2020 FULTON AVE.

City State Zip Code  
Sacramento CA 95825

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Transaction ID: EXP.B.71336  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)  
DUNCAN V. PATTY

Mailing Address 13005 CREEKVIEW CT.

City State Zip Code  
Auburn CA 95603

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Transaction ID: EXP.B.71296  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

350.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

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





# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) <b>CLAY SIGG</b> <hr/> Mailing Address    9715 WEDGEWOOD PLACE <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">City Granite Bay</td> <td style="width: 10%;">State CA</td> <td style="width: 60%;">Zip Code 95746</td> </tr> </table> <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For:    2008 <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State:                      District:	City Granite Bay	State CA	Zip Code 95746	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) ▼	<b>Transaction ID:</b> EXP.B.71292 Date of Disbursement <table style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table style="width: 100%; text-align: right;"> <tr> <td style="border: 1px solid black; padding: 2px;">350.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	8	350.00
City Granite Bay	State CA	Zip Code 95746																										
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) ▼																											
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		0	8		2	0	0	8																			
350.00																												
B.	Full Name (Last, First, Middle Initial) <b>PAUL SNIDER</b> <hr/> Mailing Address    5150 MADISON AVE. <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">City Sacramento</td> <td style="width: 10%;">State CA</td> <td style="width: 60%;">Zip Code 95841</td> </tr> </table> <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For:    2008 <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State:                      District:	City Sacramento	State CA	Zip Code 95841	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) ▼	<b>Transaction ID:</b> EXP.B.71329 Date of Disbursement <table style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table style="width: 100%; text-align: right;"> <tr> <td style="border: 1px solid black; padding: 2px;">300.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	8	300.00
City Sacramento	State CA	Zip Code 95841																										
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) ▼																											
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		0	8		2	0	0	8																			
300.00																												
C.	Full Name (Last, First, Middle Initial) <b>JACK S. TAYLOR</b> <hr/> Mailing Address    2005 PORT ALBANS CIR. <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">City Newport Beach</td> <td style="width: 10%;">State CA</td> <td style="width: 60%;">Zip Code 92660</td> </tr> </table> <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> <table style="width: 100%;"> <tr> <td style="width: 30%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 70%;">Disbursement For:    2008 <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table> <hr/> State:                      District:	City Newport Beach	State CA	Zip Code 92660	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) ▼	<b>Transaction ID:</b> EXP.B.71309 Date of Disbursement <table style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table style="width: 100%; text-align: right;"> <tr> <td style="border: 1px solid black; padding: 2px;">216.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	8	216.00
City Newport Beach	State CA	Zip Code 92660																										
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) ▼																											
M	M	/	D	D	/	Y	Y	Y	Y																			
0	9		0	8		2	0	0	8																			
216.00																												

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">866.00</td> </tr> </table>	866.00
866.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; height: 20px;"> </td> </tr> </table>	

# 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 checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
JOHN R. VANDENBERG

Mailing Address 10210 TIMBERLAND DR.

City GRASS VALLEY State CA Zip Code 95949

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Transaction ID: EXP.B.71315  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)  
HENRY C. WALTHER

Mailing Address 6845 RANCHO LOS PAVOS

City Granite Bay State CA Zip Code 95746

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Transaction ID: EXP.B.71307  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

350.00

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

C.

Full Name (Last, First, Middle Initial)  
BONNIE WILLIAMS

Mailing Address 9260 WINDING OAK DR.

City Fair Oaks State CA Zip Code 95628

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Transaction ID: EXP.B.71287  
Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

944.00

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

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

1794.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 42

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

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NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) DAVID A. BRENINGER		Transaction ID: EXP.B.71345	
	Mailing Address 1325 Avenida Alvarado		Date of Disbursement 09 / 11 / 2008	
	City Roseville	State CA	Zip Code 95747	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement		010 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	350.00
TOTAL This Period (last page this line number only) .....	▶	9010.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SIERRA DOMINION FINANCIAL SOLUTIONS, INC.		Nature of Debt (Purpose): FUNDRAISING SERVICES
Mailing Address 10531 MEREWORTH LN.		
City OAKTON	State VA	

Outstanding Balance Beginning This Period <input type="text" value="31471.20"/>		<b>Transaction ID: PAY:D:69971</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="31471.20"/>	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor WILLIAMS MULLEN		Nature of Debt (Purpose): LEGAL FEES
Mailing Address 8270 GREENSBORO DR. #700		
City MCLEAN	State VA	

Outstanding Balance Beginning This Period <input type="text" value="69392.45"/>		<b>Transaction ID: PAY:D:71117</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="69392.45"/>	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor WILLIAMS MULLEN		Nature of Debt (Purpose): LEGAL FEES
Mailing Address 8270 GREENSBORO DR. #700		
City MCLEAN	State VA	

Outstanding Balance Beginning This Period <input type="text" value="14251.62"/>		<b>Transaction ID: PAY:D:71118</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="14251.62"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="115115.27"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
JOHN T. DOOLITTLE FOR CONGRESS

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> WILLIAMS MULLEN			Nature of Debt (Purpose): LEGAL FEES
Mailing Address 8270 GREENSBORO DR. #700			
City MCLEAN	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="14532.23"/>		<b>Transaction ID: PAY:D:71119</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="14532.23"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> WILLIAMS MULLEN			Nature of Debt (Purpose): LEGAL FEES
Mailing Address 8270 GREENSBORO DR. #700			
City MCLEAN	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="23204.65"/>		<b>Transaction ID: PAY:D:71120</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="23204.65"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="37736.88"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="152852.15"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="152852.15"/>

**Image# 28933376456**

Form/Schedule: **SA11C**

Transaction ID: **INC.A.71346**

DEBT RETIREMENT

Form/Schedule: **SA11C**

Transaction ID: **INC.A.71284**

DEBT RETIREMENT

\*\*\*\*\*

**Image# 28933376457**

Form/Schedule: **SA11C**

Transaction ID: **INC.A.71278**

DEBT RETIREMENT

Form/Schedule: **SA11AI**

Transaction ID: **INC.A.71371**

DEBT RETIREMENT

\*\*\*\*\*



**Image# 28933376458**

Form/Schedule: **SA11AI**

Transaction ID: **INC.A.71368**

DEBT RETIREMENT

Form/Schedule: **SA11AI**

Transaction ID: **INC.A.71370**

DEBT RETIREMENT

\*\*\*\*\*

**Image# 28933376459**

Form/Schedule: **SA11AI**

Transaction ID: **INC.A.71369**

DEBT RETIREMENT

Form/Schedule: **SA11AI**

Transaction ID: **INC.A.71361**

DEBT RETIREMENT

\*\*\*\*\*

Image# 28933376460

Form/Schedule: SA11AI

DEBT RETIREMENT

Transaction ID: INC.A.71364

Form/Schedule: SA11AI

DEBT RETIREMENT

Transaction ID: INC.A.71360

\*\*\*\*\*

Image# 28933376461

Form/Schedule: SA11AI

Transaction ID: INC.A.71363

DEBT RETIREMENT

Form/Schedule: SA11AI

Transaction ID: INC.A.71354

DEBT RETIREMENT

\*\*\*\*\*

**Image# 28933376462**

Form/Schedule: **SA11AI**

Transaction ID: **INC.A.71353**

DEBT RETIREMENT

Form/Schedule: **SA11AI**

Transaction ID: **INC.A.71356**

DEBT RETIREMENT

\*\*\*\*\*

Image# 28933376463

Form/Schedule: SA11AI

DEBT RETIREMENT

Transaction ID: INC.A.71351

Form/Schedule: SA11AI

DEBT RETIREMENT

Transaction ID: INC.A.71355

\*\*\*\*\*

Image# 28933376464

Form/Schedule: **SA11AI**  
Transaction ID: **INC.A.71348**

DEBT RETIREMENT

Form/Schedule: **SA11AI**  
Transaction ID: **INC.A.71349**

DEBT RETIREMENT

\*\*\*\*\*

**Image# 28933376465**

Form/Schedule: **SA11AI**

Transaction ID: **INC.A.71350**

DEBT RETIREMENT

Form/Schedule: **SA11AI**

Transaction ID: **INC.A.71347**

DEBT RETIREMENT

\*\*\*\*\*



Image# 28933376466

Form/Schedule: SA11AI

Transaction ID: INC.A.71365

DEBT RETIREMENT

Form/Schedule: SA11AI

Transaction ID: INC.A.71366

DEBT RETIREMENT

\*\*\*\*\*

Image# 28933376467

Form/Schedule: **SB17**

Transaction ID: **EXP.B.71357**

DEBT RETIREMENT PRINTING

Form/Schedule: **SB20C**

Transaction ID: **EXP.B.71285**

REFUND OF EXCESS DEBT RETIREMENT CONTRIBUTION

\*\*\*\*\*