

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than 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
Special Operations Fund

ADDRESS (number and street) P.O. Box 4946
 Check if different than previously reported. (ACC)
Middletown RI 02842

2. **FEC IDENTIFICATION NUMBER** C00385229 **CITY** **STATE** **ZIP CODE**
3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**

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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Christian Winthrop
Signature of Treasurer Electronically Filed by Christian Winthrop Date 04 13 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Special Operations Fund

Report Covering the Period: From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 39367.00 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 39367.00 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 57869.15 | 57869.15 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 97236.15 | 97236.15 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 74952.20 | 74952.20 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 22283.95 | 22283.95 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 500.00 | | | | | | | | | |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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
Special Operations Fund

Report Covering the Period: From:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

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

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 11963.00 | 11963.00 |
| (i) Itemized (use Schedule A) | 45906.15 | 45906.15 |
| (ii) Unitemized | 57869.15 | 57869.15 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 57869.15 | 57869.15 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 57869.15 | 57869.15 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 57869.15 | 57869.15 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 69952.20 | 69952.20 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 69952.20 | 69952.20 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 5000.00 | 5000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. 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 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 74952.20 | 74952.20 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 74952.20 | 74952.20 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 57869.15 | 57869.15 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 57869.15 | 57869.15 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 69952.20 | 69952.20 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 69952.20 | 69952.20 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
George Benesch

Mailing Address P. O. Box 1558

City Anchorage State AK Zip Code 99510

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 60412.C85009

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Vern Boe

Mailing Address 1233 Kirmar PI

City Oceanside State CA Zip Code 92054

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 60412.C85677

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Robert Buchanan

Mailing Address 4751 Eagleridge Cr Apt 108

City Pueblo State CO Zip Code 81008

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

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

Transaction ID: 60412.C85635

Amount of Each Receipt this Period
100.00

Receipt

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
Robert Buchanan

Mailing Address 4751 Eagleridge Cr Apt 108

City State Zip Code
Pueblo CO 81008

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60412.C85943

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
WILLIAM CLAYTON

Mailing Address 1010 BRAINARD PL

City State Zip Code
BRIELLE NJ 08730

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 60412.C84537

Amount of Each Receipt this Period
201.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dorothy Crozies

Mailing Address 3405 Stewart Cir.

City State Zip Code
Waco TX 76708

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 60412.C85080

Amount of Each Receipt this Period
30.00

Receipt

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 431.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
Dorothy Crozies

Mailing Address 3405 Stewart Cir.

City State Zip Code
Waco TX 76708

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 80.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 60412.C85367

Amount of Each Receipt this Period
50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dorothy Crozies

Mailing Address 3405 Stewart Cir.

City State Zip Code
Waco TX 76708

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: 60412.C86148

Amount of Each Receipt this Period
210.00

Receipt

C. Full Name (Last, First, Middle Initial)
ANNA CUTRIGHT

Mailing Address RR 2 BOX 287

City State Zip Code
FRENCH CREEK WV 26218

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 102.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2006

Transaction ID: 60412.C84394

Amount of Each Receipt this Period
102.00

Receipt

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 362.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|--|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 34 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
ANNA CUTRIGHT

Mailing Address RR 2 BOX 287

City State Zip Code
FRENCH CREEK WV 26218

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 6

Transaction ID: 60412.C84607

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
TAMARA ELLSWORTH

Mailing Address 4736 PELTON RD

City State Zip Code
CLARKSTON MI 48346

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

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

Transaction ID: 60412.C84539

Amount of Each Receipt this Period
150.00

Receipt

C. Full Name (Last, First, Middle Initial)
TAMARA ELLSWORTH

Mailing Address 4736 PELTON RD

City State Zip Code
CLARKSTON MI 48346

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 60412.C85158

Amount of Each Receipt this Period
100.00

Receipt

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 350.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
TAMARA ELLSWORTH

Mailing Address 4736 PELTON RD

City State Zip Code
CLARKSTON MI 48346

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 60412.C85467

Amount of Each Receipt this Period
50.00

Receipt

B. Full Name (Last, First, Middle Initial)
TAMARA ELLSWORTH

Mailing Address 4736 PELTON RD

City State Zip Code
CLARKSTON MI 48346

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: 60412.C85760

Amount of Each Receipt this Period
50.00

Receipt

C. Full Name (Last, First, Middle Initial)
TAMARA ELLSWORTH

Mailing Address 4736 PELTON RD

City State Zip Code
CLARKSTON MI 48346

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: 60412.C86070

Amount of Each Receipt this Period
100.00

Receipt

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 200.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
Arnold Garrison

Mailing Address 181 Pine Ridge Rd.

City Waban State MA Zip Code 02468

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

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

Transaction ID: 60412.C84476

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Arnold Garrison

Mailing Address 181 Pine Ridge Rd.

City Waban State MA Zip Code 02468

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 60412.C85899

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
AGNES HAYDEN

Mailing Address 1807 SE KILLEAN CT

City PORT SAINT LUCIE State FL Zip Code 34952

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

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

Transaction ID: 60412.C85185

Amount of Each Receipt this Period
100.00

Receipt

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
AGNES HAYDEN

Mailing Address 1807 SE KILLEAN CT

City State Zip Code
PORT SAINT LUCIE FL 34952

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: 60412.C86076

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Tatnall Hillman

Mailing Address 504 W Bleeker St.

City State Zip Code
Aspen CO 81611

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 17 / 2006

Transaction ID: 60412.C84937

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Tatnall Hillman

Mailing Address 504 W Bleeker St.

City State Zip Code
Aspen CO 81611

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2006

Transaction ID: 60412.C86185

Amount of Each Receipt this Period
1200.00

Receipt

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3400.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
DAVID HOLLOWAY

Mailing Address 1301 N POPE LICK RD

City State Zip Code
LOUISVILLE KY 40299

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

Name of Employer n/a Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 8 / 2 0 0 6

Transaction ID: 60412.C84942

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
WILLENE KOSKI

Mailing Address 5737 SW SPOKANE ST

City State Zip Code
SEATTLE WA 98116

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 6

Transaction ID: 60412.C84596

Amount of Each Receipt this Period
120.00

Receipt

C. Full Name (Last, First, Middle Initial)
WILLENE KOSKI

Mailing Address 5737 SW SPOKANE ST

City State Zip Code
SEATTLE WA 98116

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

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

Transaction ID: 60412.C86007

Amount of Each Receipt this Period
120.00

Receipt

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 540.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. C. V PICKUP | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 | |
| Mailing Address 2932 CLIFF DR | | Transaction ID: 60412.C85020 | |
| City NEWPORT BEACH | State CA | Amount of Each Receipt this Period 300.00 | |
| Zip Code 92663 | | Receipt | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer NONE | Occupation RETIRED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. C. V PICKUP | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 | |
| Mailing Address 2932 CLIFF DR | | Transaction ID: 60412.C85180 | |
| City NEWPORT BEACH | State CA | Amount of Each Receipt this Period 200.00 | |
| Zip Code 92663 | | Receipt | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer NONE | Occupation RETIRED | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Stuart Richey | | Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 1301 Fulton St. Apt. 425 | | Transaction ID: 60412.C84594 | |
| City Newberg | State OR | Amount of Each Receipt this Period 100.00 | |
| Zip Code 97132 | | Receipt | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Information Requested | Occupation Information Requested | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 100.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
Stuart Richey

Mailing Address 1301 Fulton St. Apt. 425

City State Zip Code
Newberg OR 97132

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: 60412.C85945

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Gwynn Robinson

Mailing Address 274 N Saltair Ave

City State Zip Code
Los Angeles CA 90049

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 16 / 2006

Transaction ID: 60412.C84876

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
John Runnells

Mailing Address 121 Pr 503

City State Zip Code
Bay City TX 77414

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2006

Transaction ID: 60412.C86174

Amount of Each Receipt this Period
250.00

Receipt

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 800.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
BEVERLY SMITH

Mailing Address 337 MARCY ST

City WEST BABYLON State NY Zip Code 11704

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 0 9 / 2 0 0 6

Transaction ID: 60412.C84689

Amount of Each Receipt this Period
 225.00

Receipt

B. Full Name (Last, First, Middle Initial)
BEVERLY SMITH

Mailing Address 337 MARCY ST

City WEST BABYLON State NY Zip Code 11704

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: 60412.C85696

Amount of Each Receipt this Period
 50.00

Receipt

C. Full Name (Last, First, Middle Initial)
BEVERLY SMITH

Mailing Address 337 MARCY ST

City WEST BABYLON State NY Zip Code 11704

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: 60412.C86242

Amount of Each Receipt this Period
 50.00

Receipt

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 325.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

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

Mailing Address 8545 Mission Gorge Road #224

City State Zip Code
Santee CA 92071

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2006

Transaction ID: 60412.C85178

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
ALICE SWEINHART

Mailing Address 520 N STATE ROUTE 934

City State Zip Code
ANNVILLE PA 17003

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 51.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2006

Transaction ID: 60412.C84589

Amount of Each Receipt this Period
51.00

Receipt

C. Full Name (Last, First, Middle Initial)
ALICE SWEINHART

Mailing Address 520 N STATE ROUTE 934

City State Zip Code
ANNVILLE PA 17003

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: 60412.C86073

Amount of Each Receipt this Period
153.00

Receipt

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1204.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
Jean Talmage

Mailing Address 1138 Devonshire Way

City State Zip Code
Palm Beach Garde FL 33418

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 60412.C85639

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jean Talmage

Mailing Address 1138 Devonshire Way

City State Zip Code
Palm Beach Garde FL 33418

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

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

Transaction ID: 60412.C85902

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
RODNEY WEST

Mailing Address 2969 KALAKAUA AVE APT 404

City State Zip Code
HONOLULU HI 96815

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: 60412.C86011

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
Marion Wilson

Mailing Address 108 Chicago Blvd

City State Zip Code
Sea Girt NJ 08750

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

Name of Employer NONE Occupation **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

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

Transaction ID: 60412.C85682

Amount of Each Receipt this Period
75.00

Receipt

B. Full Name (Last, First, Middle Initial)
Marion Wilson

Mailing Address 108 Chicago Blvd

City State Zip Code
Sea Girt NJ 08750

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

Name of Employer NONE Occupation **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

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

Transaction ID: 60412.C86078

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mary Yockey

Mailing Address 200 W Florence St Apt 3

City State Zip Code
Bourbon IN 46504

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

Name of Employer NONE Occupation **HOMEMAKER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
51.00

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

Transaction ID: 60412.C84541

Amount of Each Receipt this Period
51.00

Receipt

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 326.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 34 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
Mary Yockey

Mailing Address 200 W Florence St Apt 3

City Bourbon State IN Zip Code 46504

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
101.00

Date of Receipt

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

Transaction ID: 60412.C84877

Amount of Each Receipt this Period
50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mary Yockey

Mailing Address 200 W Florence St Apt 3

City Bourbon State IN Zip Code 46504

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
126.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60412.C85357

Amount of Each Receipt this Period
25.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mary Yockey

Mailing Address 200 W Florence St Apt 3

City Bourbon State IN Zip Code 46504

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
376.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: 60412.C85999

Amount of Each Receipt this Period
250.00

Receipt

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 325.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 21 / 34 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

A. Full Name (Last, First, Middle Initial)
William Young

Mailing Address 81-910 Aries Ave.

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| Indio | CA | 92201 |

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

| | |
|---|------------------------------------|
| Name of Employer Information Requested | Occupation Information Requested |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 |

Date of Receipt
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 60412.C85940

Amount of Each Receipt this Period
250.00

Receipt

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 250.00 |
| TOTAL This Period (last page this line number only) | 11963.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 34

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

| | | |
|--|------------------|--|
| Full Name (Last, First, Middle Initial) A. Capitol Hill Lists, LLC. | | Transaction ID: 60321.E1131 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 337 S. Milledge Avenue, Ste. 201 | | Amount of Each Disbursement this Period 988.28 |
| City Athens State GA Zip Code 30605- | LIST ACQUISITION | |
| Purpose of Disbursement LIST ACQUISITION Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial) B. Direct Mail Processors | | Transaction ID: 60321.E1122 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 1150 Conrad Court | | Amount of Each Disbursement this Period 771.74 |
| City Hagerstown State MD Zip Code 21742- | DIRECT MAIL CAGING | |
| Purpose of Disbursement DIRECT MAIL CAGING Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--------------------|--|
| Full Name (Last, First, Middle Initial) C. Direct Mail Processors | | Transaction ID: 60321.E1123 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6 |
| Mailing Address 1150 Conrad Court | | Amount of Each Disbursement this Period 488.33 |
| City Hagerstown State MD Zip Code 21742- | DIRECT MAIL CAGING | |
| Purpose of Disbursement DIRECT MAIL CAGING Candidate Name | | Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2248.35 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 34

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)
Special Operations Fund

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Direct Mail Processors | | Transaction ID: 60321.E1139 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 |
| Mailing Address 1150 Conrad Court | | Amount of Each Disbursement this Period 696.99 |
| City Hagerstown State MD Zip Code 21742- | Category/ Type DIRECT MAIL CAGING | |
| Purpose of Disbursement DIRECT MAIL CAGING | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Integram | | Transaction ID: 60321.E1124 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 8421 Hilltop Road | | Amount of Each Disbursement this Period 4226.24 |
| City Fairfax State VA Zip Code 22031- | Category/ Type PRINTING | |
| Purpose of Disbursement PRINTING | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Integram | | Transaction ID: 60321.E1138 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6 |
| Mailing Address 8421 Hilltop Road | | Amount of Each Disbursement this Period 2599.74 |
| City Fairfax State VA Zip Code 22031- | Category/ Type POSTAGE | |
| Purpose of Disbursement POSTAGE | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7522.97 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Integram | | Transaction ID: 60412.E1147 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6 |
| Mailing Address 8421 Hilltop Road | | Amount of Each Disbursement this Period 2591.16 |
| City Fairfax State VA Zip Code 22031- | POSTAGE | |
| Purpose of Disbursement POSTAGE | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Integram | | Transaction ID: 60412.E1148 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6 |
| Mailing Address 8421 Hilltop Road | | Amount of Each Disbursement this Period 3322.00 |
| City Fairfax State VA Zip Code 22031- | DIRECT MAIL-DOLLAR BILLS | |
| Purpose of Disbursement DIRECT MAIL-DOLLAR BILLS | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. MDI Imaging & Mail | | Transaction ID: 60321.E1119 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 23020 Eaglewood Court, #600 | | Amount of Each Disbursement this Period 8000.00 |
| City Sterling State VA Zip Code 20166- | POSTAGE | |
| Purpose of Disbursement POSTAGE | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 13913.16 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) 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"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. MDI Imaging & Mail | | Transaction ID: 60321.E1120 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 23020 Eaglewood Court, #600 | | Amount of Each Disbursement this Period 5139.12 |
| City Sterling State VA Zip Code 20166- | DIRECT MAIL PRODUCTION | |
| Purpose of Disbursement DIRECT MAIL PRODUCTION | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. MDI Imaging & Mail | | Transaction ID: 60321.E1133 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 23020 Eaglewood Court, #600 | | Amount of Each Disbursement this Period 1587.98 |
| City Sterling State VA Zip Code 20166- | DIRECT MAIL PRODUCTION | |
| Purpose of Disbursement DIRECT MAIL PRODUCTION | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. MDI Imaging & Mail | | Transaction ID: 60321.E1140 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6 |
| Mailing Address 23020 Eaglewood Court, #600 | | Amount of Each Disbursement this Period 683.41 |
| City Sterling State VA Zip Code 20166- | DIRECT MAIL PRODUCTION | |
| Purpose of Disbursement DIRECT MAIL PRODUCTION | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7410.51 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 26 / 34

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

| | | |
|--|---------|--|
| Full Name (Last, First, Middle Initial) A. MDI Imaging & Mail | | Transaction ID: 60412.E1146 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 |
| Mailing Address 23020 Eaglewood Court, #600 | | Amount of Each Disbursement this Period 1093.00 |
| City Sterling State VA Zip Code 20166- | POSTAGE | |
| Purpose of Disbursement POSTAGE | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|-----------------------|--|
| Full Name (Last, First, Middle Initial) B. Patrick Mooney & Associates | | Transaction ID: 60321.E1125 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 6 |
| Mailing Address 20560 Wake Terrace | | Amount of Each Disbursement this Period 2262.36 |
| City Gainesville State VA Zip Code 20155- | DIRECT MAIL CREATIVES | |
| Purpose of Disbursement DIRECT MAIL CREATIVES | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|--|-----------------------|--|
| Full Name (Last, First, Middle Initial) C. Patrick Mooney & Associates | | Transaction ID: 60321.E1126 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 20560 Wake Terrace | | Amount of Each Disbursement this Period 460.28 |
| City Gainesville State VA Zip Code 20155- | DIRECT MAIL CREATIVES | |
| Purpose of Disbursement DIRECT MAIL CREATIVES | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3815.64 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Patrick Mooney & Associates | | Transaction ID: 60321.E1134 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6 |
| Mailing Address 20560 Wake Terrace | | Amount of Each Disbursement this Period 155.81 |
| City Gainesville State VA Zip Code 20155- | Purpose of Disbursement DIRECT MAIL CREATIVES Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DIRECT MAIL CREATIVES |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Patrick Mooney & Associates | | Transaction ID: 60412.E1142 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6 |
| Mailing Address 20560 Wake Terrace | | Amount of Each Disbursement this Period 2500.00 |
| City Gainesville State VA Zip Code 20155- | Purpose of Disbursement DIRECT MAIL CREATIVES Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DIRECT MAIL CREATIVES |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Patrick Mooney & Associates | | Transaction ID: 60412.E1143 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 20560 Wake Terrace | | Amount of Each Disbursement this Period 2500.00 |
| City Gainesville State VA Zip Code 20155- | Purpose of Disbursement DIRECT MAIL CREATIVES Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DIRECT MAIL CREATIVES |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5155.81 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 34

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

| | | |
|---|--|--|
| A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address Main Post Office City Vienna State VA Zip Code 22182- Purpose of Disbursement PO BOX RENEWAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60321.E1130 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 868.00 PO BOX RENEWAL |
|---|--|--|

| | | |
|--|--|---|
| B. Postmaster Full Name (Last, First, Middle Initial) Mailing Address Main Post Office City Vienna State VA Zip Code 22182- Purpose of Disbursement PERMIT & FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60321.E1129 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 660.00 PERMIT & FEES |
|--|--|---|

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|---|--|--|
| C. Professional Data Services, Inc. Full Name (Last, First, Middle Initial) Mailing Address 196 Alps Road, Ste. 2-189 City Athens State GA Zip Code 30606- Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 60321.E1132 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 COMPLIANCE CONSULTING |
|---|--|--|

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3528.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 34

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Dave Rogers | | Transaction ID: 60321.E1121 Date of Disbursement MM / DD / YYYY 01 / 16 / 2006 |
| Mailing Address 92 Lisa Terrace | | Amount of Each Disbursement this Period 7000.00 |
| City Portsmouth State RI Zip Code 02871- | POLITICAL CONSULTING | |
| Purpose of Disbursement POLITICAL CONSULTING | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Kathy Wilson Foundation | | Transaction ID: 60321.E1137 Date of Disbursement MM / DD / YYYY 03 / 03 / 2006 |
| Mailing Address 700 Commonwealth Avenue | | Amount of Each Disbursement this Period 1000.00 |
| City Alexandria State VA Zip Code 22301- | DONATION | |
| Purpose of Disbursement DONATION | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. Win Right Data, LLC | | Transaction ID: 60321.E1127 Date of Disbursement MM / DD / YYYY 01 / 19 / 2006 |
| Mailing Address 337 S Milledge Ave. Ste 201 | | Amount of Each Disbursement this Period 165.00 |
| City Athens State GA Zip Code 30605- | DATA WORK | |
| Purpose of Disbursement DATA WORK | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 8165.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

| | | |
|--|-----------|---|
| Full Name (Last, First, Middle Initial) A. Win Right Data, LLC | | Transaction ID: 60321.E1128 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 |
| Mailing Address 337 S Milledge Ave. Ste 201 | | Amount of Each Disbursement this Period 746.92 |
| City Athens State GA Zip Code 30605- | DATA WORK | |
| Purpose of Disbursement DATA WORK | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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|--|-----------|---|
| Full Name (Last, First, Middle Initial) B. Win Right Data, LLC | | Transaction ID: 60412.E1144 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6 |
| Mailing Address 337 S Milledge Ave. Ste 201 | | Amount of Each Disbursement this Period 165.00 |
| City Athens State GA Zip Code 30605- | DATA WORK | |
| Purpose of Disbursement DATA WORK | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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|--|-----------|---|
| Full Name (Last, First, Middle Initial) C. Win Right Data, LLC | | Transaction ID: 60412.E1149 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 |
| Mailing Address 337 S Milledge Ave. Ste 201 | | Amount of Each Disbursement this Period 190.00 |
| City Athens State GA Zip Code 30605- | DATA WORK | |
| Purpose of Disbursement DATA WORK | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1101.92 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) 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"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Christian Winthrop | | Transaction ID: 60321.E1117 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 |
| Mailing Address 49 Bateman Avenue | | Amount of Each Disbursement this Period 6000.00 |
| City Newport State RI Zip Code 02840- | POLITICAL CONSULTING | |
| Purpose of Disbursement POLITICAL CONSULTING | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Christian Winthrop | | Transaction ID: 60321.E1118 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 |
| Mailing Address 49 Bateman Avenue | | Amount of Each Disbursement this Period 6000.00 |
| City Newport State RI Zip Code 02840- | POLITICAL CONSULTING | |
| Purpose of Disbursement POLITICAL CONSULTING | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Christian Winthrop | | Transaction ID: 60321.E1136 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6 |
| Mailing Address 49 Bateman Avenue | | Amount of Each Disbursement this Period 5000.00 |
| City Newport State RI Zip Code 02840- | POLITICAL CONSULTING | |
| Purpose of Disbursement POLITICAL CONSULTING | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 17000.00 |
| TOTAL This Period (last page this line number only) ▶ | 69861.36 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 34

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Special Operations Fund

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Stenberg for Senate | | Transaction ID: 60412.E1158 Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2006 | |
| Mailing Address 12100 W. Center Road, Ste. 507 | | Amount of Each Disbursement this Period 5000.00 | |
| City Omaha State NE Zip Code 68144- | Purpose of Disbursement DON STENBERG US SENATE NE | Category/ Type DON STENBERG US SENATE NE | |
| Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 5000.00 |
| TOTAL This Period (last page this line number only) | 5000.00 |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | | |
|---|--------------------------------------|--|
| (Use separate schedule(s) for each numbered line) | PAGE 33 / 34 | |
| | FOR LINE NUMBER: (check only one) | <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Special Operations Fund

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Constituents Direct | Nature of Debt (Purpose): Web Hosting |
| Mailing Address 421 S. Beverly Drive | |
| City State ZIP Code Beverly Hills CA 90210- | |

| | | |
|---|-------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID: LS41202.E885 | |
| 500.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 500.00 |

| | |
|--|--------|
| 1) SUBTOTALS This Period This Page (optional)..... | 500.00 |
| 2) TOTALS This Period (last page this line number only)..... | 500.00 |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

Image# 26950035505

Form/Schedule: **F3XN**

Our committee utilizes a direct mail program for a majority of our income. All expenses related to direct mail itemized on this report are solely for the benefit of our committee and were not for the benefit of any other federal entity. They were not for public communications nor voter drive activity containing express advocacy.

Transaction ID: **C00385229**
