

# 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  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

ADDRESS (number and street) 607 14th Street, NW, Suite 800  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00391961  
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 09 01 2006 through 09 30 2006

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

Signature of Treasurer Electronically Filed by Edward Silverman Date 10 20 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Citizens for Hope Responsibility Independence &amp; Service PAC (CHRIS PAC)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

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

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

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

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

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>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 |  | 183938.06 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 565514.25               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 24275.29                | 676931.41                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 589789.54               | 860869.47                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 174920.63               | 446000.56                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 414868.91               | 414868.91                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |           |

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

Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

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

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

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

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

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 9000.00                       | 332100.00                         |
| (i) Itemized (use Schedule A) .....  | 0.00                          | 300.00                            |
| (ii) Unitemized .....  | 9000.00                       | 332400.00                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 14500.00                      | 341500.00                         |
| (c) Other Political Committees (such as PACs) .....  | 23500.00                      | 673900.00                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     |                               |                                   |
| 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                          | 49.89                             |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 775.29                        | 2981.52                           |
| 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)) .....                          | 24275.29                      | 676931.41                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 24275.29                      | 676931.41                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>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.....   | 139420.63                     | 313000.56                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 139420.63                     | 313000.56                         |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 13000.00                      | 109000.00                         |
| 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.....  | 22500.00                      | 24000.00                          |
| 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))..        | 174920.63                     | 446000.56                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 174920.63                     | 446000.56                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 23500.00                      | 673900.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 23500.00                      | 673900.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 139420.63                     | 313000.56                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 49.89                             |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 139420.63                     | 312950.67                         |

**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 / 29                  |
|  | <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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Murray S. Kessler</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 18 / 2006 |  |
| Mailing Address 196 Baldwin Road  |   | <b>Transaction ID: C926</b>                              |  |
| City State Zip Code<br>Bedford Corners NY 10549   | Amount of Each Receipt this Period<br>1000.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer Occupation<br>UST, Inc. Executive  | Aggregate Year-to-Date ▼<br>1000.00           |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mitchell Feuer</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 06 / 2006 |  |
| Mailing Address 1628 S Street, NW Number 2  |   | <b>Transaction ID: C922</b>                              |  |
| City State Zip Code<br>Washington DC 20009  | Amount of Each Receipt this Period<br>1000.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer Occupation<br>Self Employed Government Affairs   | Aggregate Year-to-Date ▼<br>3000.00           |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Esther Newberg</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 22 / 2006 |  |
| Mailing Address 220 East 72nd Street  |   | <b>Transaction ID: C927</b>                              |  |
| City State Zip Code<br>New York NY 10021  | Amount of Each Receipt this Period<br>5000.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer Occupation<br>ICM Talent, Inc. President   | Aggregate Year-to-Date ▼<br>5000.00           |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 7000.00 |
| <b>TOTAL</b> 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 7 / 29                 |                             |
|  | (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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

**A.** Full Name (Last, First, Middle Initial)  
Stanley H. Barer

Mailing Address 1111 Fairview Avenue North

City State Zip Code  
Seattle WA 98109

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

Name of Employer Occupation  
SaltChuk Resources, Inc. Chairman Emeritus

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2006

Transaction ID: C925

Amount of Each Receipt this Period  
2000.00

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 9000.00 |

# 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 / 29 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Direct Voice, The Political Action Committee of The Direct Marketing Association |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 07 / 2006 |
| Mailing Address 1111 19th Street, NW<br>Suite 1100  |   | <b>Transaction ID:</b> C923                              |
| City State Zip Code<br>Washington DC 20036  | Amount of Each Receipt this Period<br>1000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00235309   |   |  |
| Name of Employer  | Occupation                                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Aggregate Year-to-Date ▼<br>2000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Direct Voice, The Political Action Committee of The Direct Marketing Association |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 25 / 2006 |
| Mailing Address 1111 19th Street, NW<br>Suite 1100  |   | <b>Transaction ID:</b> C929                              |
| City State Zip Code<br>Washington DC 20036  | Amount of Each Receipt this Period<br>1000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00235309   |   |  |
| Name of Employer  | Occupation                                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Aggregate Year-to-Date ▼<br>2000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> FuelCell Energy Inc. PAC   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 22 / 2006 |
| Mailing Address 3 Great Pasture Road  |   | <b>Transaction ID:</b> C928                              |
| City State Zip Code<br>Danbury CT 06813   | Amount of Each Receipt this Period<br>2500.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b> C00204180   |   |  |
| Name of Employer  | Occupation                                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00           |  |

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



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

|  |  |
|--|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 9 / 29</span>  |
|  | (check only one)   |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Merrill Lynch & Co. Inc. PAC   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2006                     |
| Mailing Address 1455 Pennsylvania Avenue, NW<br>Suite 950   |  | <b>Transaction ID: C930</b><br>Amount of Each Receipt this Period<br>5000.00 |
| City State Zip Code<br>Washington DC 20004  | FEC ID number of contributing federal political committee.<br><b>C</b> C00040550 |  |
| Name of Employer<br><br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br><br>Aggregate Year-to-Date ▼<br>5000.00                            |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> American Federation of Teachers AFL-CIO Committee on Political Education                           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>09 / 29 / 2006                     |
| Mailing Address 555 New Jersey Avenue, NW   |  | <b>Transaction ID: C932</b><br>Amount of Each Receipt this Period<br>5000.00 |
| City State Zip Code<br>Washington DC 20001  | FEC ID number of contributing federal political committee.<br><b>C</b> C00028860 |  |
| Name of Employer<br><br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br><br>Aggregate Year-to-Date ▼<br>5000.00                            |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 10000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 14500.00 |

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

|  |                              |                              |                             |  |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 10 / 29                |  |
|  | (check only one)             |                              |                             |  |
| <input 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 checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

**A.** Full Name (Last, First, Middle Initial)  
Citibank, F.S.B.

Mailing Address 1400 G Street, N.W.

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20005    |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|                  |            |

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2981.52

Date of Receipt  

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

Transaction ID: C933

Amount of Each Receipt this Period  
775.29

\* Interest

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 775.29 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 775.29 |

# 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 11 / 29

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Benjamin S. Young</b>   |  | <b>Transaction ID: D882</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 4 / 2 0 0 6 |
| Mailing Address 6411 Brookside Drive   |  | Amount of Each Disbursement this Period<br>418.51   |
| City Chevy Chase State MD Zip Code 20815   | Category/<br>Type  |   |
| Purpose of Disbursement Salary   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Benjamin S. Young</b>   |  | <b>Transaction ID: D883</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 8 / 2 0 0 6 |
| Mailing Address 6411 Brookside Drive   |  | Amount of Each Disbursement this Period<br>418.51   |
| City Chevy Chase State MD Zip Code 20815   | Category/<br>Type  |   |
| Purpose of Disbursement Salary   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. 11th Hour Creative, LLC</b>   |  | <b>Transaction ID: D880</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 7 / 2 0 0 6 |
| Mailing Address 684 Broadview Terrace  |  | Amount of Each Disbursement this Period<br>1500.14  |
| City Hartford State CT Zip Code 06106  | Category/<br>Type  |   |
| Purpose of Disbursement Printing   |  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2337.16</b> |
| <b>TOTAL</b> 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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Citibank, F.S.B.</b>  |  | <b>Transaction ID: D930</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 08 / 2006 |  |
| Mailing Address 1400 G Street, N.W.  |  | Amount of Each Disbursement this Period<br>_____ .30   |  |
| City Washington State DC Zip Code 20005  | Purpose of Disbursement Bank Fee<br>Candidate Name _____<br>Category/Type _____  |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cato Travel</b>   |  | <b>Transaction ID: D888</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 08 / 2006 |  |
| Mailing Address C Street, NE   |  | Amount of Each Disbursement this Period<br>_____ 60.00                                       |  |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement Travel Agent Fee<br>Candidate Name _____<br>Category/Type _____  |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Cato Travel</b>   |  | <b>Transaction ID: D889</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 13 / 2006 |  |
| Mailing Address C Street, NE   |  | Amount of Each Disbursement this Period<br>_____ 20.00                                       |  |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement Travel Agent Fee<br>Candidate Name _____<br>Category/Type _____  |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |  |

|  |                    |
|--|--------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | _____ <b>80.30</b> |
| <b>TOTAL</b> 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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Cato Travel</b>   |  | <b>Transaction ID: D890</b><br>Date of Disbursement<br>09 / 18 / 2006 |
| Mailing Address C Street, NE   |  | Amount of Each Disbursement this Period<br>40.00                      |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement<br>Travel Agent Fee<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Cato Travel</b>   |  | <b>Transaction ID: D891</b><br>Date of Disbursement<br>09 / 22 / 2006 |
| Mailing Address C Street, NE   |  | Amount of Each Disbursement this Period<br>20.00                      |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement<br>Travel Agent Fee<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Cato Travel</b>   |  | <b>Transaction ID: D892</b><br>Date of Disbursement<br>09 / 25 / 2006 |
| Mailing Address C Street, NE   |  | Amount of Each Disbursement this Period<br>20.00                      |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement<br>Travel Agent Fee<br>Candidate Name  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 80.00 |
| <b>TOTAL</b> 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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Jennifer Goodman</p>  |   | <p><b>Transaction ID:</b> D906<br/><b>Date of Disbursement</b><br/> <table border="1"> <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>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 2 | 7 |  | 2 | 0 | 0 | 6 |
| M  | M | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 9 |  | 2      | 7 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Mailing Address 1615 Q Street, NW<br/>Apartment 806</p>   |   | <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td>517.28</td> </tr> </table> </p>  | 517.28 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 517.28   |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>City Washington State DC Zip Code 20009</p>   |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Purpose of Disbursement Reimbursement - Travel<br/>Candidate Name</p>   |   | <p>Category/Type</p>   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        |   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Iowa Democratic Party</p>   |   | <p><b>Transaction ID:</b> D903<br/><b>Date of Disbursement</b><br/> <table border="1"> <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>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 3 |  | 2 | 0 | 0 | 6 |
| M  | M | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 9 |  | 1        | 3 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Mailing Address 5661 Fleur Drive</p>  |   | <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td>50000.00</td> </tr> </table> </p>  | 50000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 50000.00   |   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>City Des Moines State IA Zip Code 50321</p>   |   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Purpose of Disbursement Voter File<br/>Candidate Name</p>   |   | <p>Category/Type</p>   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> |   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        |   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Tracey Buckman</p>  |   | <p><b>Transaction ID:</b> D820<br/><b>Date of Disbursement</b><br/> <table border="1"> <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>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 1 | 1 |  | 2 | 0 | 0 | 6 |
| M  | M | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 9 |  | 1       | 1 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Mailing Address 2311 Creek Drive</p>  |   | <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td>5000.00</td> </tr> </table> </p>   | 5000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 5000.00  |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>City Alexandria State VA Zip Code 22308</p>   |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Purpose of Disbursement Fundraising Consulting Services<br/>Candidate Name</p>  |   | <p>Category/Type</p>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |                 |
|---|-----------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p>55517.28</p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                 |

**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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Renaissance Savery Hotel</b>  |  | <b>Transaction ID: D928</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 2 / 2 0 0 6 |
| Mailing Address 401 Locust Street  |  | Amount of Each Disbursement this Period<br>946.73   |
| City Des Moines State IA Zip Code 50309  | Purpose of Disbursement<br>Travel  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Maura Keefe</b>   |  | <b>Transaction ID: D911</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 7 / 2 0 0 6 |
| Mailing Address P.O. Box 361   |  | Amount of Each Disbursement this Period<br>493.87   |
| City Readfield State ME Zip Code 04355   | Purpose of Disbursement<br>Reimbursement - Travel  |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Maura Keefe</b>   |  | <b>Transaction ID: D910</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 7 / 2 0 0 6 |
| Mailing Address P.O. Box 361   |  | Amount of Each Disbursement this Period<br>5000.00  |
| City Readfield State ME Zip Code 04355   | Purpose of Disbursement<br>Political Consulting Services   |   |
| Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6440.60 |
| <b>TOTAL</b> 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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Maura Keefe</b>  |  | <b>Transaction ID: D912</b><br>Date of Disbursement<br>09 / 27 / 2006 |                   |
| Mailing Address P.O. Box 361  |  | Amount of Each Disbursement this Period<br>381.98                     |                   |
| City<br>Readfield   | State<br>ME  | Zip Code<br>04355   | Category/<br>Type |
| Purpose of Disbursement<br>Reimbursement - Travel   |  |   |                   |
| Candidate Name  |  |   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State:<br>District:   |  |   |                   |

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Berger Strategies, Inc.</b>  |  | <b>Transaction ID: D884</b><br>Date of Disbursement<br>09 / 06 / 2006 |                   |
| Mailing Address 322 Massachusetts Avenue, NE  |  | Amount of Each Disbursement this Period<br>5000.00                    |                   |
| City<br>Washington  | State<br>DC  | Zip Code<br>20002   | Category/<br>Type |
| Purpose of Disbursement<br>Fundraising Consulting Services  |  |   |                   |
| Candidate Name  |  |   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State:<br>District:   |  |   |                   |

|   |  |   |                   |
|---|--|---|-------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>  |  | <b>Transaction ID: D938</b><br>Date of Disbursement<br>09 / 07 / 2006 |                   |
| Mailing Address P.O. Box 17577  |  | Amount of Each Disbursement this Period<br>153.74                     |                   |
| City<br>Baltimore   | State<br>MD  | Zip Code<br>21297-0513  | Category/<br>Type |
| Purpose of Disbursement<br>Telephone Service  |  |   |                   |
| Candidate Name  |  |   |                   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                   |
| State:<br>District:   |  |   |                   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5535.72 |
| <b>TOTAL</b> 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 17 / 29

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Commercial Street Fish</b>  |  | <b>Transaction ID: D894</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 19 / 2006 |
| Mailing Address 33 South Commercial Street   |  | Amount of Each Disbursement this Period<br>894.89  |
| City Manchester State NH Zip Code 03101  | Purpose of Disbursement Meals<br>Candidate Name <input type="text"/> Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hanover Inn</b>   |  | <b>Transaction ID: D901</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 19 / 2006 |
| Mailing Address Main Street  |  | Amount of Each Disbursement this Period<br>315.27  |
| City Hanover State NH Zip Code 03755   | Purpose of Disbursement Travel<br>Candidate Name <input type="text"/> Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. New Hampshire Democratic State Committee</b>  |  | <b>Transaction ID: D915</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 07 / 2006 |
| Mailing Address 2/1/2 Beacon Street  |  | Amount of Each Disbursement this Period<br>50000.00  |
| City Concord State NH Zip Code 03301   | Purpose of Disbursement Voter File<br>Candidate Name <input type="text"/> Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |                      |
|--|----------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 51210.16             |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <input type="text"/> |

**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 18 / 29

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Staples</b>   |  | <b>Transaction ID: D932</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 19 / 2006 |
| Mailing Address 3301 Jefferson Davis Highway   |  | Amount of Each Disbursement this Period<br>352.67  |
| City Alexandria State VA Zip Code 22314  | Purpose of Disbursement<br>Office Supplies   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Staples</b>   |  | <b>Transaction ID: D933</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 21 / 2006 |
| Mailing Address 3301 Jefferson Davis Highway   |  | Amount of Each Disbursement this Period<br>729.01  |
| City Alexandria State VA Zip Code 22314  | Purpose of Disbursement<br>Office Supplies   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Staples</b>   |  | <b>Transaction ID: D934</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 26 / 2006 |
| Mailing Address 3301 Jefferson Davis Highway   |  | Amount of Each Disbursement this Period<br>95.62   |
| City Alexandria State VA Zip Code 22314  | Purpose of Disbursement<br>Office Supplies   |  |
| Candidate Name   |  | Category/<br>Type  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1177.30     |
| <b>TOTAL</b> 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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |  |  |
|--|--|--|
| <b>A. Staples</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3301 Jefferson Davis Highway<br>City Alexandria State VA Zip Code 22314<br>Purpose of Disbursement Office Supplies<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D935</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 9 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>50.75<br>Category/Type |
|--|--|--|

|  |  |   |
|--|--|---|
| <b>B. Quality Inn</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 121 South River Road<br>City Bedford State NH Zip Code 03110<br>Purpose of Disbursement Travel<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D927</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 9 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>525.58<br>Category/Type |
|--|--|---|

|  |  |   |
|--|--|---|
| <b>C. Micah I. Kagan</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1820 Clydesdale Place, NW<br>Apartment 304<br>City Washington State DC Zip Code 20009<br>Purpose of Disbursement Salary<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D913</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 4 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>892.92<br>Category/Type |
|--|--|---|

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1469.25     |
| <b>TOTAL</b> 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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|   |  |   |
|---|--|---|
| <b>A. Micah I. Kagan</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1820 Clydesdale Place, NW<br>Apartment 304<br>City Washington State DC Zip Code 20009<br>Purpose of Disbursement Salary<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D914</b><br>Date of Disbursement<br>09 / 28 / 2006<br>Amount of Each Disbursement this Period<br>892.92<br>Category/Type |
|---|--|---|

|  |  |  |
|--|--|--|
| <b>B. Perkins Coie LLP</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1201 Third Avenue, 40th Floor<br>City Seattle State WA Zip Code 98101<br>Purpose of Disbursement Legal & Accounting Services<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D926</b><br>Date of Disbursement<br>09 / 06 / 2006<br>Amount of Each Disbursement this Period<br>2224.40<br>Category/Type |
|--|--|--|

|   |  |  |
|---|--|--|
| <b>C. U.S. Express, Inc.</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3240 Hubbard Road<br>City Landover State MD Zip Code 20785<br>Purpose of Disbursement Courier Service<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D936</b><br>Date of Disbursement<br>09 / 15 / 2006<br>Amount of Each Disbursement this Period<br>16.12<br>Category/Type |
|---|--|--|

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3133.44</b> |
| <b>TOTAL</b> 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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Kimball Stroud &amp; Associates</b>   |  | <b>Transaction ID: D908</b><br>Date of Disbursement<br>09 / 06 / 2006 |
| Mailing Address 227 Massachusetts Avenue, NE Suite 101   |  | Amount of Each Disbursement this Period<br>1868.56                    |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement<br>Rent & Office Expenses  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Cantrell/Cutter Printing, Inc.</b>  |  | <b>Transaction ID: D885</b><br>Date of Disbursement<br>09 / 06 / 2006 |
| Mailing Address 1789 Olive Street  |  | Amount of Each Disbursement this Period<br>216.79                     |
| City Capitol Heights State MD Zip Code 20743   | Purpose of Disbursement<br>Printing  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Cantrell/Cutter Printing, Inc.</b>  |  | <b>Transaction ID: D886</b><br>Date of Disbursement<br>09 / 15 / 2006 |
| Mailing Address 1789 Olive Street  |  | Amount of Each Disbursement this Period<br>645.08                     |
| City Capitol Heights State MD Zip Code 20743   | Purpose of Disbursement<br>Printing  |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2730.43 |
| <b>TOTAL</b> 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 22 / 29

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|   |  |  |
|---|--|--|
| <b>A. AT&amp;T</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address P.O. Box 2969<br>City Omaha State NE Zip Code 68103<br>Purpose of Disbursement Telephone Service<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D881</b><br>Date of Disbursement<br>09 / 29 / 2006<br>Amount of Each Disbursement this Period<br>68.41<br>Category/Type |
|---|--|--|

|  |  |   |
|--|--|---|
| <b>B. Gretchen Yelmini</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 227 Massachusetts Avenue, NE<br>City Washington State DC Zip Code 20002<br>Purpose of Disbursement Salary<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D900</b><br>Date of Disbursement<br>09 / 28 / 2006<br>Amount of Each Disbursement this Period<br>641.33<br>Category/Type |
|--|--|---|

|  |  |  |
|--|--|--|
| <b>C. Vincent Frillici</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 4617 Arkansas Avenue, NW<br>City Washington State DC Zip Code 20011<br>Purpose of Disbursement Salary<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: D939</b><br>Date of Disbursement<br>09 / 14 / 2006<br>Amount of Each Disbursement this Period<br>2176.34<br>Category/Type |
|--|--|--|

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2886.08</b> |
| <b>TOTAL</b> 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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Vincent Frillici</b>  |  | <b>Transaction ID: D940</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 8 / 2 0 0 6 |
| Mailing Address 4617 Arkansas Avenue, NW   |  | Amount of Each Disbursement this Period<br>2176.34  |
| City Washington State DC Zip Code 20011  | Purpose of Disbursement Salary<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Fedex Kinkos</b>  |  | <b>Transaction ID: D898</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 1 / 2 0 0 6 |
| Mailing Address 325 Seventh Street, NW   |  | Amount of Each Disbursement this Period<br>72.71  |
| City Washington State DC Zip Code 20004  | Purpose of Disbursement Photocopies<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Fedex Kinkos</b>  |  | <b>Transaction ID: D899</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 9 / 2 0 0 6 |
| Mailing Address 325 Seventh Street, NW   |  | Amount of Each Disbursement this Period<br>118.02   |
| City Washington State DC Zip Code 20004  | Purpose of Disbursement Photocopies<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2367.07 |
| <b>TOTAL</b> 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 24 / 29

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|   |  |   |
|---|--|---|
| <p><b>A. Holiday Inn</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Holiday Inn</p> <p>Mailing Address 2280 Brown Avenue</p> <p>City Manchester State NH Zip Code 03103</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: D902</b></p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="226.80"/></p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>  |  |   |

|   |  |   |
|---|--|---|
| <p><b>B. Comfort Inn</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Comfort Inn</p> <p>Mailing Address 56 Ralph Lehman Drive</p> <p>City White River Juncti State VT Zip Code 05001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: D893</b></p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="379.65"/></p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>  |  |   |

|   |  |   |
|---|--|---|
| <p><b>C. Paychex</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Paychex</p> <p>Mailing Address 3060 Williams Drive Suite 3060</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement Payroll Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: D924</b></p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="111.37"/></p> |
| <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>  |  |   |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="717.82"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                |



# 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 25 / 29

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Paychex</b>   |  | <b>Transaction ID: D921</b><br>Date of Disbursement<br>MM / DD / YYYY<br>09 / 14 / 2006 |
| Mailing Address 3060 Williams Drive Suite 3060   |  | Amount of Each Disbursement this Period<br>1486.85                                      |
| City Fairfax State VA Zip Code 22031   | Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Paychex</b>   |  | <b>Transaction ID: D923</b><br>Date of Disbursement<br>MM / DD / YYYY<br>09 / 28 / 2006 |
| Mailing Address 3060 Williams Drive Suite 3060   |  | Amount of Each Disbursement this Period<br>186.86                                       |
| City Fairfax State VA Zip Code 22031   | Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Paychex</b>   |  | <b>Transaction ID: D922</b><br>Date of Disbursement<br>MM / DD / YYYY<br>09 / 29 / 2006 |
| Mailing Address 3060 Williams Drive Suite 3060   |  | Amount of Each Disbursement this Period<br>1486.85                                      |
| City Fairfax State VA Zip Code 22031   | Purpose of Disbursement<br>Payroll Taxes<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3160.56   |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 138843.17 |

**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 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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Paul Hodes For Congress</b>   |   | <b>Transaction ID: D919</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 6 / 2 0 0 6 |  |
| Mailing Address 26 South Main Street   |   | Amount of Each Disbursement this Period<br>2500.00  |  |
| City Concord<br>State NH<br>Zip Code 03301   | Purpose of Disbursement<br>Contribution   | Category/<br>Type   |  |
| Candidate Name<br>Paul W. Hodes  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NH District: 02 |   |  |
| Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Paul Hodes For Congress</b>   |   | <b>Transaction ID: D920</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 6 / 2 0 0 6 |  |
| Mailing Address 26 South Main Street   |   | Amount of Each Disbursement this Period<br>2500.00  |  |
| City Concord<br>State NH<br>Zip Code 03301   | Purpose of Disbursement<br>Contribution   | Category/<br>Type   |  |
| Candidate Name<br>Paul W. Hodes  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NH District: 02 |   |  |
| Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Pederson 2006</b>   |  | <b>Transaction ID: D925</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 1 / 2 0 0 6 |  |
| Mailing Address P.O. Box 34144   |  | Amount of Each Disbursement this Period<br>1000.00  |  |
| City Phoenix<br>State AZ<br>Zip Code 85067   | Purpose of Disbursement<br>Contribution  | Category/<br>Type   |  |
| Candidate Name<br>Jim Pederson   | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: AZ District: |   |  |
| Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6000.00     |
| <b>TOTAL</b> 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 27 / 29

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Carol Shea-Porter for Congress</b>   |  | <b>Transaction ID: D887</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 3 / 2 0 0 6 |  |
| Mailing Address P.O. Box 453  |  | Amount of Each Disbursement this Period<br>5000.00  |  |
| City Rochester<br>State NH<br>Zip Code 03866  | Purpose of Disbursement<br>Contribution  | Category/<br>Type   |  |
| Candidate Name<br>Carol Shea Porter   | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: NH District: 01 |  |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Loeb sack for Congress</b>   |  | <b>Transaction ID: D909</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 8 / 2 0 0 6 |  |
| Mailing Address 385 East College Street   |  | Amount of Each Disbursement this Period<br>1000.00  |  |
| City Iowa City<br>State IA<br>Zip Code 52240  | Purpose of Disbursement<br>Contribution  | Category/<br>Type   |  |
| Candidate Name<br>David Wayne Loeb sack   | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IA District: 02 |  |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. John Salazar for Congress</b>  |  | <b>Transaction ID: D907</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 1 / 2 0 0 6 |  |
| Mailing Address P.O. Box 534  |  | Amount of Each Disbursement this Period<br>1000.00  |  |
| City Pueblo<br>State CO<br>Zip Code 81002   | Purpose of Disbursement<br>Contribution  | Category/<br>Type   |  |
| Candidate Name<br>John Tony Salazar   | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: CO District: 03 |  |   |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 13000.00 |

# 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)

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Iowa Senate Majority Fund</b>   |  | <b>Transaction ID: D905</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 8 / 2 0 0 6 |
| Mailing Address 5661 Fleur Drive   |  | Amount of Each Disbursement this Period<br>5000.00  |
| City Des Moines      State IA      Zip Code 50321  |  |   |
| Purpose of Disbursement<br>Non Federal Contribution  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:      District:  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Iowa House Truman Fund</b>  |  | <b>Transaction ID: D904</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 0 8 / 2 0 0 6 |
| Mailing Address 5661 Fleur Drive   |  | Amount of Each Disbursement this Period<br>5000.00  |
| City Des Moines      State IA      Zip Code 50321  |  |   |
| Purpose of Disbursement<br>Non Federal Contribution  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:      District:  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. New Hampshire Senate Democratic Caucus</b>                            |  | <b>Transaction ID: D918</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 2 1/2 Beacon Street  |  | Amount of Each Disbursement this Period<br>7500.00  |
| City Concord      State NH      Zip Code 03301   |  |   |
| Purpose of Disbursement<br>Non Federal Contribution  |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State:      District:  |  |   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 17500.00    |
| <b>TOTAL</b> 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial)

**A.** New Hampshire House Democratic Caucus

Mailing Address 2 1/2 Beacon Street

City State Zip Code  
Concord NH 03301

Purpose of Disbursement  
Non Federal Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D916

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

22500.00