

# 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  
Roche Inc. Good Government Fund

ADDRESS (number and street) 340 Kingsland Street  
 Check if different than previously reported. (ACC)  
Nutley NJ 07110-1199

2. **FEC IDENTIFICATION NUMBER** C00072769  
**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 06 01 2006 through 06 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 Mr. David McDede

Signature of Treasurer Electronically Filed by Mr. David McDede Date 07 12 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  
Roche Inc. Good Government Fund

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		62594.20
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	80486.47									
(c) Total Receipts (from Line 19) .....	15690.64	99882.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	96177.11	162477.11								
7. Total Disbursements (from Line 31) .....	69360.00	135660.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	26817.11	26817.11								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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  
Roche Inc. Good Government Fund

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9360.23	44650.73
(i) Itemized (use Schedule A) .....	6322.85	47689.52
(ii) Unitemized .....	15683.08	92340.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	15683.08	92340.25
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	7.56	42.66
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)) .....	15690.64	99882.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15690.64	99882.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	10.00	185.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	10.00	185.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63000.00	119500.00
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.....	6350.00	15975.00
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))..	69360.00	135660.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	69360.00	135660.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15683.08	92340.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15683.08	92340.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10.00	185.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10.00	185.00

# 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 6 / 40
	<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)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. George Abercrombie</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 340 Kingsland Street Building 85/8 C/O Hoffmann La Roche Inc.		<b>Transaction ID: 27404-70879763364792</b>
City State Zip Code Nutley NJ 07110-1150	Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hoffmann-La Roche Inc.	Occupation President & Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Altamura</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 522 Centre Street		<b>Transaction ID: 061506-497</b>
City State Zip Code Trenton NJ 08611-3018	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer HLR Service Corp.	Occupation Senior Manager State Government Affrs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 452.66	

Full Name (Last, First, Middle Initial) <b>C. Martha Auster</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1381 Rowe Road		<b>Transaction ID: 061506-507</b>
City State Zip Code Niskayuna NY 12309-2443	Amount of Each Receipt this Period 55.52	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer HLR Service Corp.	Occupation Senior Manager State Government Affrs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 329.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	571.52
<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: (check only one)	PAGE 7 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Renee Bobal</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 44 Rock Rd. E		<b>Transaction ID: 061506-207</b>	
City Green Brook	State NJ	Amount of Each Receipt this Period 64.89	
Zip Code 08812-2135			
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Prod Promo Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.56		

Full Name (Last, First, Middle Initial) <b>B. Frances Bogdansky</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 19 Chadwell Place		<b>Transaction ID: 061506-488</b>	
City Morristown	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 07960-6945			
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Molecular Systems Inc.	Occupation Senior Vice President Quality Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Roberta Boynton</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 7868-F Rea Road # 351		<b>Transaction ID: 061506-203</b>	
City Charlotte	State NC	Amount of Each Receipt this Period 43.41	
Zip Code 28277			
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Med Center Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.34		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	158.30
<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: (check only one)	PAGE 8 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Peggy Brand</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 18127 Bent Ridge Drive		<b>Transaction ID: 061506-502</b>	
City State Zip Code Glencoe MO 63038-1439	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HLR Service Corp.	Occupation Senior Manager State Government Affrs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B. Judith Braun</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 80 Central Park W Apt. 17F		<b>Transaction ID: 061506-69</b>	
City State Zip Code New York NY 10023-5200	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Senior Coun&Managing Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. Dennis Burns</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 41 Park Lane		<b>Transaction ID: 061506-43</b>	
City State Zip Code Essex Fells NJ 07021-1107	Amount of Each Receipt this Period 104.65		
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Vice President Global Business Develop		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 627.90		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	304.65
<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: (check only one)	PAGE 9 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> James Connolly		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 24 Inverness Terrace		<b>Transaction ID:</b> 061506-65
City Fords	State NJ	Zip Code 08863-1222
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 49.63	
Name of Employer Hoffmann-La Roche Inc.	Occupation Manager Env&Sfty Affrs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.10	

Full Name (Last, First, Middle Initial) <b>B.</b> Arnold Doyle		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 1017 Jefferson Street Apt. 119		<b>Transaction ID:</b> 061506-82
City Hoboken	State NJ	Zip Code 07030-2254
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer Hoffmann-La Roche Inc.	Occupation Director Pub Pol	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Harry Dunston		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 237 E Greens Drive		<b>Transaction ID:</b> 061506-282
City Baton Rouge	State LA	Zip Code 70810-8946
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 56.06	
Name of Employer Roche Labs Inc.	Occupation Mkt Dev Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.58	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	205.69
<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: (check only one)	PAGE 10 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Michael Eging</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 7 Shore Road		<b>Transaction ID: 061506-73</b>	
City Andover	State NJ	Zip Code 07821-2240	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Executive Director Public Pol		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

Full Name (Last, First, Middle Initial) <b>B. Cheryl Freeman</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 811 Walnut Road		<b>Transaction ID: 061506-183</b>	
City Charleston	State WV	Zip Code 25314-1253	Amount of Each Receipt this Period 54.31
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Division Sales Manager Primary Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 321.44		

Full Name (Last, First, Middle Initial) <b>C. Darin Gardner</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 14503 Pleffner Court		<b>Transaction ID: 061506-96</b>	
City Bowie	State MD	Zip Code 20720-4820	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Assistant Director Fed Government Aff		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	470.31
<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: (check only one)	PAGE 11 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Carolyn Glynn		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 98 Grover Lane W		<b>Transaction ID:</b> 061506-10	
City West Caldwell	State NJ	Zip Code 07006-7934	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Vice President Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Susan Graf		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 99 Rhoda Avenue		<b>Transaction ID:</b> 061506-261	
City Nutley	State NJ	Zip Code 07110-1417	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Prod Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James Henry		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 2209 Creekedge Court		<b>Transaction ID:</b> 061506-124	
City Corinth	State TX	Zip Code 76210-3618	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Director National Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	358.00
<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: (check only one)	PAGE 12 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Linda Honeycheck-Semaan		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 20 Currey Lane		<b>Transaction ID:</b> 061506-4	
City State Zip Code West Orange NJ 07052-2164	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hoffmann-La Roche Inc.	Occupation Senior Coun&Managing Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Gail Hunter		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 378 Camino Elevado		<b>Transaction ID:</b> 061506-127	
City State Zip Code Bonita CA 91902-2429	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Roche Labs Inc.	Occupation Division Sales Manager Primary Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Joyce Irwin		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 4738 Arabian Run		<b>Transaction ID:</b> 00975-05477541685104	
City State Zip Code Indianapolis IN 46228-7005	Amount of Each Receipt this Period 138.45		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Roche Diagnostics Corp US	Occupation Director State Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.05		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	338.45
<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: (check only one)	PAGE 13 / 40
	<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)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Jeffrey Israel		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 12 Glenview Road		<b>Transaction ID:</b> 061506-80	
City State Zip Code North Caldwell NJ 07006-3903	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Senior Manager Engrg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> George Johnston		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 100 Poplar Drive		<b>Transaction ID:</b> 061506-26	
City State Zip Code Cedar Knolls NJ 07927-1545	Amount of Each Receipt this Period 128.83		
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Vice President Lic & Chf Pat Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 662.69		

Full Name (Last, First, Middle Initial) <b>C.</b> Dianne Keel Atkins		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 25 Gray Street		<b>Transaction ID:</b> 061506-33	
City State Zip Code Montclair NJ 07042-5025	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Director Child Care Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.83
<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: (check only one)	PAGE 14 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Maryann Kennedy		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 5463 Pine Lane		<b>Transaction ID:</b> 061506-140	
City Solon	State OH	Zip Code 44139-1675	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Director Ther Area Science Fld Opns		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Frederick Kentz, III		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2006	
Mailing Address 180 Washington Avenue		<b>Transaction ID:</b> 27404-71416872739792	
City Chatham	State NJ	Zip Code 07928-1858	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Vice President Secretary & Gen Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Klein		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 33 Timber Rock Trail		<b>Transaction ID:</b> 061506-318	
City Bernardsville	State NJ	Zip Code 07924-2259	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Vice President Hepatology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	408.00
<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: (check only one)	PAGE 15 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Laudano		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 167 Sunset Avenue		<b>Transaction ID:</b> 061506-186
City State Zip Code Verona NJ 07044-2317	Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Roche Labs Inc.	Occupation Prod Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2136.57	

Full Name (Last, First, Middle Initial) <b>B.</b> Barbara Lussenhop		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 733 Terra View Circle		<b>Transaction ID:</b> 061506-500
City State Zip Code Fort Collins CO 80525-9318	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer HLR Service Corp.	Occupation Senior Manager State Government Affrs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.10	

Full Name (Last, First, Middle Initial) <b>C.</b> Joy Maatman		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 1754 Peyton Randolph Court		<b>Transaction ID:</b> 061506-499
City State Zip Code New Cumberland PA 17070-2226	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer HLR Service Corp.	Occupation Senior Manager State Government Affrs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	616.00
<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: (check only one)	PAGE 16 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Cristina Machado</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 300 Albany Street Apt. 3B		<b>Transaction ID: 061506-95</b>	
City State Zip Code New York NY 10280-1405	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Director Strategic Sourcing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B. David McDede</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 6 Herbert Road		<b>Transaction ID: 061506-101</b>	
City State Zip Code Scotch Plains NJ 07076-2502	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Finance Inc.	Occupation Vice President Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. Kathleen McDede</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 6 Herbert Road		<b>Transaction ID: 061506-39</b>	
City State Zip Code Scotch Plains NJ 07076-2502	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Vice President Business Information O		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<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: (check only one)	PAGE 17 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Braxton McKoy Mailing Address 3716 Drayton Hall Lane City State Zip Code Charlotte NC 28270-0412 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> 061506-240 Amount of Each Receipt this Period 100.00
Name of Employer: Roche Labs Inc. Occupation: Account Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Steven McRae Mailing Address 3 Lindsey Court City State Zip Code South Plainfield NJ 07080-3557 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> 061506-85 Amount of Each Receipt this Period 84.00
Name of Employer: Hoffmann-La Roche Inc. Occupation: Assistant Director Public Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kelli Mills Mailing Address 6967 Fairfax Drive City State Zip Code Arlington VA 22213-1708 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <b>Transaction ID:</b> 061506-88 Amount of Each Receipt this Period 208.00
Name of Employer: Hoffmann-La Roche Inc. Occupation: Assistant Director Fed Government Aff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1248.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>392.00</b>
<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: (check only one)	PAGE 18 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Tommie Moreland		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 615 N Hazel Street		<b>Transaction ID:</b> 061506-484
City La Habra	State CA	Zip Code 90631-3705
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer Roche Labs Inc.	Occupation Med Center Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Evan Morris		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 7007 Stone Inlet Drive		<b>Transaction ID:</b> 061506-93
City Fort Belvoir	State VA	Zip Code 22060-7432
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 208.00	
Name of Employer Hoffmann-La Roche Inc.	Occupation Executive Director Fed Government Affr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

Full Name (Last, First, Middle Initial) <b>C.</b> RICHARD NAPLES		Date of Receipt MM / DD / YYYY 06 / 29 / 2006
Mailing Address 11941 Bluestone Drive		<b>Transaction ID:</b> 00975-98710268735886
City Indianapolis	State IN	Zip Code 46236
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00	
Name of Employer Roche Diagnostics Corp US	Occupation VP US Reg., Reimbursement & Govt. Affa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	608.00
<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: (check only one)	PAGE 19 / 40
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. DAVID NICHOLS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 5 W. Masonic View Ave		<b>Transaction ID: 00975-64176577329636</b>	
City Alexandria	State VA	Zip Code 22301	Amount of Each Receipt this Period 628.62
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Diagnostics Corp US	Occupation Director Federal Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2724.02		

Full Name (Last, First, Middle Initial) <b>B. Kevin Noble</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 2 Surrey Lane		<b>Transaction ID: 061506-374</b>	
City Sparta	State NJ	Zip Code 07871-1727	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Director Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

Full Name (Last, First, Middle Initial) <b>C. Kevin O'Leary</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 165 Summit Avenue		<b>Transaction ID: 061506-341</b>	
City Montclair	State NJ	Zip Code 07043-1816	Amount of Each Receipt this Period 76.98
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Vice President Cust Plng & Contracting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.88		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	913.60
<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: (check only one)	PAGE 20 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Michael O'Toole</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address PO Box 742 12 Douglas Drive		<b>Transaction ID: 061506-175</b>	
City State Zip Code Sparta NJ 07871-0742	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Director National Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B. STEVE OLDHAM</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 6440 S. 625 W		<b>Transaction ID: 00975-98728579282761</b>	
City State Zip Code Pendleton IN 46064	Amount of Each Receipt this Period 187.68		
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Diagnostics Corp US	Occupation Vp And General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.88		

Full Name (Last, First, Middle Initial) <b>C. TIFFANY OLSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 13866 Ninebark Court		<b>Transaction ID: 00975-23611086606979</b>	
City State Zip Code Carmel IN 46033	Amount of Each Receipt this Period 288.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Diagnostics Corp US	Occupation CEO Division Roche Diagnostics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	575.68
<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: (check only one)	PAGE 21 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Gerasimos Petratos		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2006	
Mailing Address 123 Radcliff Avenue		<b>Transaction ID:</b> 061506-90	
City State Zip Code Port Washington NY 11050-1616	Amount of Each Receipt this Period 208.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hoffmann-La Roche Inc.	Occupation Association Clin Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jandis Price		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2006	
Mailing Address 18216 Muir Circle		<b>Transaction ID:</b> 061506-472	
City State Zip Code Dallas TX 75287-4922	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Roche Labs Inc.	Occupation Account Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Raymond Rodriguez-Torres		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2006	
Mailing Address 11240 Southwest 120th Street		<b>Transaction ID:</b> 061506-447	
City State Zip Code Miami FL 33176-4421	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Roche Labs Inc.	Occupation Division Sales Manager Primary Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	408.00
<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 22 / 40
	(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"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Tarik Roshdy</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address PO Box 549		<b>Transaction ID: 061506-62</b>	
City Mount Bethel	State PA	Zip Code 18343-0549	Amount of Each Receipt this Period 54.30
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Rsch Ldr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.02		

Full Name (Last, First, Middle Initial) <b>B. Anna Sagely</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1425 K St NW Ste 650		<b>Transaction ID: 061506-97</b>	
City Washington	State DC	Zip Code 20005-3500	Amount of Each Receipt this Period 208.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Director Fed Government Affrs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL SAMOSZUK</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 1 Serna		<b>Transaction ID: 00975-34595888853073</b>	
City Rancho Santa Marga	State CA	Zip Code 92688	Amount of Each Receipt this Period 138.45
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Diagnostics Corp US	Occupation Chief Medical Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.65		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.75
<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: (check only one)	PAGE 23 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Sam Sears		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 3737 Blue Lake Drive		<b>Transaction ID:</b> 061506-164
City Richmond	State VA	Zip Code 23233-1053
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Roche Labs Inc.	Occupation Division Sales Manager Primary Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Barbara Senich		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 798 Butternut Drive		<b>Transaction ID:</b> 061506-442
City Franklin Lakes	State NJ	Zip Code 07417-2243
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 416.66
Name of Employer Roche Labs Inc.	Occupation Vice President Sales & Marketing Servi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	

Full Name (Last, First, Middle Initial) <b>C.</b> Scott Setzepfandt		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 19645 Ireland Way		<b>Transaction ID:</b> 061506-506
City Lakeville	State MN	Zip Code 55044-7016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer HLR Service Corp.	Occupation Senior Manager State Government Affrs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	566.66
<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: (check only one)	PAGE 24 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Nimish Shah</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 6 Roosevelt Road		<b>Transaction ID: 061506-83</b>	
City Robbinsville	State NJ	Zip Code 08691-3083	Amount of Each Receipt this Period 47.86
FEC ID number of contributing federal political committee. C			
Name of Employer Hoffmann-La Roche Inc.	Occupation Director Pub Pol		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.02		

Full Name (Last, First, Middle Initial) <b>B. Archie Shew</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 956 Woodsedge Lane		<b>Transaction ID: 061506-503</b>	
City Westerville	State OH	Zip Code 43081-3263	Amount of Each Receipt this Period 68.77
FEC ID number of contributing federal political committee. C			
Name of Employer HLR Service Corp.	Occupation Senior Manager State Government Affrs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 407.98		

Full Name (Last, First, Middle Initial) <b>C. DOROTHY SIMONS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 330 S. West St. # 503		<b>Transaction ID: 00975-01534670591354</b>	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 55.38
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Diagnostics Corp US	Occupation Director, Public Health Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.98		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	172.01
<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: (check only one)	PAGE 25 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Sheldon Skinner		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 3505 Rolling Oaks Drive		Transaction ID: 061506-305
City State Zip Code Flower Mound TX 75022-2908	Amount of Each Receipt this Period 42.33	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Roche Labs Inc.	Occupation Division Sales Manager Primary Care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.52	

Full Name (Last, First, Middle Initial) <b>B.</b> Sedrick Spencer		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 3775 Millerton Place		Transaction ID: 061506-498
City State Zip Code West Sacramento CA 95691-5481	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer HLR Service Corp.	Occupation Senior Manager State Government Affrs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.16	

Full Name (Last, First, Middle Initial) <b>C.</b> Lynn Stansfield		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 80 Durrell Street		Transaction ID: 061506-383
City State Zip Code Verona NJ 07044-1722	Amount of Each Receipt this Period 61.74	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Roche Labs Inc.	Occupation Cust Dev Director Cp&C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.26	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	204.07
<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 26 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Eileen Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1122 N J Street		<b>Transaction ID: 061506-496</b>	
City State Zip Code Tacoma WA 98403-2128	Amount of Each Receipt this Period 50.36		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HLR Service Corp.	Occupation Senior Manager State Government Affrs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.24		

Full Name (Last, First, Middle Initial) <b>B. William Sweeney</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 4711 Bayshore Boulevard Northeast		<b>Transaction ID: 061506-297</b>	
City State Zip Code St. Petersburg FL 33703-5559	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Roche Labs Inc.	Occupation Director Rgnl Sales Primary Comm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. BRUCE TAYLOR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 13001 Bridgeview Court		<b>Transaction ID: 00975-32770937681198</b>	
City State Zip Code McCordsville IN 46055	Amount of Each Receipt this Period 138.45		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Roche Diagnostics Corp US	Occupation Dir Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 599.95		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	288.81
<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: (check only one)	PAGE 27 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

**A.** Full Name (Last, First, Middle Initial)  
Gregory Thomas

Mailing Address Rd2-1522 Sylvan Drive

City State Zip Code  
West Chester PA 19380

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

Name of Employer HLR Service Corp. Occupation Director State Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: 061506-504

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1608 Elderberry Drive

City State Zip Code  
Libertyville IL 60048-5306

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

Name of Employer Roche Labs Inc. Occupation Division Sales Manager Specity Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: 061506-467

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
David Valenzuela

Mailing Address 7934 Brasado Way

City State Zip Code  
Riverside CA 92508-8718

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

Name of Employer Roche Labs Inc. Occupation Rgnl Director Acct Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: 061506-382

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<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: (check only one)	PAGE 28 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Edith Van Elderen		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 262 Main Street Apt. 204		<b>Transaction ID:</b> 061506-233	
City Little Falls	State NJ	Zip Code 07424-1355	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Prod Promo Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> David Wagner		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 11180 S Sandusky Avenue		<b>Transaction ID:</b> 061506-115	
City Tulsa	State OK	Zip Code 74137-7507	Amount of Each Receipt this Period 65.62
FEC ID number of contributing federal political committee. C			
Name of Employer Roche Labs Inc.	Occupation Division Sales Manager Primary Care		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.90		

Full Name (Last, First, Middle Initial) <b>C.</b> Glenn Wells		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 611 Hogans Valley Way		<b>Transaction ID:</b> 061506-501	
City Cary	State NC	Zip Code 27513-5696	Amount of Each Receipt this Period 35.84
FEC ID number of contributing federal political committee. C			
Name of Employer HLR Service Corp.	Occupation Senior Manager State Government Affrs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.02		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	201.46
<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: (check only one)	PAGE 29 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Roche Inc. Good Government Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Fay Widdowson Mailing Address 1 Winding Way City Parsippany State NJ Zip Code 07054-1220 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <b>Transaction ID: 061506-72</b> Amount of Each Receipt this Period 52.44
Name of Employer Hoffmann-La Roche Inc. Occupation I.T. Manager-Admin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.60		

<b>B.</b> Full Name (Last, First, Middle Initial) Gordon Willcox Mailing Address 10 Arrowhead Court City Ramsey State NJ Zip Code 07446-1349 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <b>Transaction ID: 061506-485</b> Amount of Each Receipt this Period 100.00
Name of Employer Roche Labs Inc. Occupation Vice President Account Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 584.60		

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Wright Mailing Address 5710 Painted Valley Drive City Austin State TX Zip Code 78759-5501 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 <b>Transaction ID: 061506-505</b> Amount of Each Receipt this Period 100.00
Name of Employer HLR Service Corp. Occupation Senior Manager State Government Affrs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>252.44</b>
<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 30 / 40	
	(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)  
Roche Inc. Good Government Fund

**A.** Full Name (Last, First, Middle Initial)  
Gary Zieziula

Mailing Address 103 Wynfield Lane

City State Zip Code  
New Hope PA 18938-5754

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

Name of Employer Roche Labs Inc. Occupation Vice President Commercial Opns

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	6

Transaction ID: 061506-389

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9360.23

# 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 31 / 40

<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)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Andrews for Congress Committee</b>		<b>Transaction ID:</b> 14224-9656946063041 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 215 Fourth Avenue Suite 200		Amount of Each Disbursement this Period 1000.00
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement 2006 General Candidate Name Robert Andrews Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 01	
Purpose of Disbursement 2006 General		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Bluegrass Committee</b>		<b>Transaction ID:</b> 13752-5120660662651 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 400 North Capitol Street Northwest #585		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 006" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Purpose of Disbursement Contribution		
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Congressman Joe Barton Committee, the</b>		<b>Transaction ID:</b> 75531-2879907488822 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 2000.00
City Ennis State TX Zip Code 75120	Purpose of Disbursement 2006 General Candidate Name Joe Barton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 06	
Purpose of Disbursement 2006 General		
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<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 32 / 40

<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)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Dnc Services Corporation/Democratic National Committee</b>		<b>Transaction ID:</b> 13752-3808404803276 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 430 South Capitol Street Southeast		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type 011
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Jim Clyburn</b>		<b>Transaction ID:</b> 13752-6334955096244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address Post Office Box 12567		Amount of Each Disbursement this Period 5000.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement 2006 General Candidate Name James Clyburn	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type 011
State: SC District: 06		

Full Name (Last, First, Middle Initial) <b>C. Lindsey Graham for Senate</b>		<b>Transaction ID:</b> 13269-7229577898979 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address PO Box 1801		Amount of Each Disbursement this Period 1000.00
City Columbia State SC Zip Code 29202	Purpose of Disbursement 2008 General Candidate Name Lindsey Graham	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type 011
State: SC District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21000.00
<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)

PAGE 33 / 40

<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)  
Roche Inc. Good Government Fund

<b>A. Longhorn Pac</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 40385 Suite 300 City Washington State DC Zip Code 20016 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 54151-3008233904838 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 1000.00 011 Category/Type
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<b>B. Majority Initiative To Keep Electing Republicans Fund</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 65796 City Washington State DC Zip Code 20035 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 54151-5642053484916 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 1000.00 011 Category/Type
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<b>C. McCrery for Congress Committee</b> Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 52956 333 Texas Street Suite 1900 City Shreveport State LA Zip Code 71135 Purpose of Disbursement 2006 Primary Candidate Name Jim McCrery Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 85584-7431909441948 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6 <b>Amount of Each Disbursement this Period:</b> 2000.00 011 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</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 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)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. McCrery for Congress Committee</b>		<b>Transaction ID:</b> 85584-9441491961479 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 2000.00
City Shreveport State LA Zip Code 71135	Purpose of Disbursement 2006 Primary Candidate Name Jim McCrery Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 04		

Full Name (Last, First, Middle Initial) <b>B. Mikulski for Senate Committee</b>		<b>Transaction ID:</b> 95245-14710634946823 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address P O B 13147		Amount of Each Disbursement this Period -1000.00
City Baltimore State MD Zip Code 21203	Purpose of Disbursement 2010 Primary Candidate Name Barbara Mikulski Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:		

Full Name (Last, First, Middle Initial) <b>C. Nathan Deal for Congress</b>		<b>Transaction ID:</b> 85584-4014398455619 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1000.00
City Gainesville State GA Zip Code 30503	Purpose of Disbursement 2006 General Candidate Name Nathan Deal Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<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 35 / 40

<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)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Committee</b>		<b>Transaction ID:</b> 75531-1420709490776 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 320 First Street		Amount of Each Disbursement this Period 12500.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) <b>B. National Republican Senatorial Committee</b>		<b>Transaction ID:</b> 76201-0998346209526 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 425 Second Street Northeast		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) <b>C. New Democrat Coalition Political Action Committee Aka Ndc Pac</b>		<b>Transaction ID:</b> 13752-9055444598198 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	22500.00
<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)

PAGE 36 / 40

<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)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Rely on Your Beliefs Fund</b>		<b>Transaction ID:</b> 85584-5911371111869
Mailing Address 209 Pennsylvania Avenue Southeast		Date of Disbursement MM / DD / YYYY 06 / 02 / 2006
City Washington	State DC	Amount of Each Disbursement this Period 1500.00
Zip Code 20003		
Purpose of Disbursement Contribution	<input type="checkbox"/> 011	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Texans for Henry Bonilla</b>		<b>Transaction ID:</b> 85584-1762353777885
Mailing Address PO Box 17292		Date of Disbursement MM / DD / YYYY 06 / 02 / 2006
City San Antonio	State TX	Amount of Each Disbursement this Period 2500.00
Zip Code 78217		
Purpose of Disbursement 2006 General	<input type="checkbox"/> 011	
Candidate Name Henry Bonilla	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 23		

Full Name (Last, First, Middle Initial) <b>C. Texans for Lamar Smith</b>		<b>Transaction ID:</b> 54151-46616762876511
Mailing Address 5170 Broadway Suite 18		Date of Disbursement MM / DD / YYYY 06 / 23 / 2006
City San Antonio	State TX	Amount of Each Disbursement this Period -1000.00
Zip Code 78209		
Purpose of Disbursement Contribution	<input type="checkbox"/> 011	
Candidate Name Lamar Smith	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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)

PAGE 37 / 40

<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)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial)

**A.** Whitehouse 06

Mailing Address PO Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement  
2006 Primary

Candidate Name  
Sheldon Whitehouse

Office Sought:  House  
 Senate  
 President

State: RI District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 85584-5549890398979

Date of Disbursement

06 / 02 / 2006

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) ..... ►

63000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 40

<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)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. 21st Century Fund</b>		<b>Transaction ID:</b> 76201-4249688982963 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 606 Townsend Street		Amount of Each Disbursement this Period 1000.00
City Lansing State MI Zip Code 48933	Purpose of Disbursement Nonfederal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

Full Name (Last, First, Middle Initial) <b>B. Amanda Ragan for Senate</b>		<b>Transaction ID:</b> 54151-5944787859916 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 20 Granite Court		Amount of Each Disbursement this Period 250.00
City Mason City State IA Zip Code 50401	Purpose of Disbursement Nonfederal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect William Horne</b>		<b>Transaction ID:</b> 93417-1695520281791 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 2251 N. Rampert		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89128	Purpose of Disbursement Nonfederal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<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)

PAGE 40 / 40

<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)  
Roche Inc. Good Government Fund

Full Name (Last, First, Middle Initial) <b>A. Montana Business Leadership PAC</b>		<b>Transaction ID:</b> 75196-3594476580619 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 400 N. California		Amount of Each Disbursement this Period 1500.00
City Helena State MT Zip Code 59601	Purpose of Disbursement Nonfederal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Rants for State House</b>		<b>Transaction ID:</b> 54151-4974939227104 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 2740 South Glass Street		Amount of Each Disbursement this Period 500.00
City Sioux City State IA Zip Code 51106	Purpose of Disbursement Nonfederal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Wilma Sherrill for House Committee</b>		<b>Transaction ID:</b> 95245-76665896177292 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 66 Elk Mt. Scenic Hwy		Amount of Each Disbursement this Period -250.00
City Asheville State NC Zip Code 28804	Purpose of Disbursement Nonfederal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	5750.00