

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines DEVIN NUNES CAMPAIGN COMMITTEE

ADDRESS (number and street) PO BOX 6545 VISALIA CA 93290 6545

2. FEC IDENTIFICATION NUMBER C00370056 3. IS THIS REPORT NEW OR AMENDED CA 21

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, Termination Report (b) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (c) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2007 through 06 30 2007

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 TONI DIAN NUNES

Signature of Treasurer Electronically Filed by TONI DIAN NUNES Date 10 15 2007

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

DEVIN NUNES CAMPAIGN COMMITTEE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	107080.58	252650.58
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	107080.58	252650.58
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	25082.84	76441.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25082.84	76441.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	443012.69	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**DEVIN NUNES CAMPAIGN COMMITTEE**

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

35830.58

154330.58

(ii) Unitemized.....

150.00

720.00

(iii) TOTAL of contributions

35980.58

155050.58

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

71100.00

97600.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

107080.58

252650.58

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

12886.24

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

107080.58

265536.82

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	25082.84	76441.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	41200.00	67200.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	66282.84	143641.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	402214.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	107080.58
25. SUBTOTAL (add Line 23 and Line 24).....	509295.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	66282.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	443012.69

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

<b>Name of Candidate</b>		<b>Candidate ID Number</b>
DEVIN G NUNES		H8CA20059
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>
DEVIN NUNES CAMPAIGN COMMITTEE		C C00370056
<b>Committee Address</b>		
PO BOX 6545		
<b>City</b>	<b>State</b>	<b>ZIP</b>
VISALIA	CA	93290-6545
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	246150.58	2500.00
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	246150.58	2500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
RICHARD ALCALDE

Mailing Address 7442 OLD MAPLE SQUARE

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation  
POTOMAC PARTNERS DC LOBBYIST

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 22 / 2007

Transaction ID: SA11A1.13954

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
BIG DE FARMS

Mailing Address 8650 W KEARNEY BLVD

City State Zip Code  
FRESNO CA 93706

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 03 / 2007

Transaction ID: SA11A1.13967

Amount of Each Receipt this Period  
1000.00

PARTNER

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

**C.** Full Name (Last, First, Middle Initial)  
DANIEL SOUZA

Mailing Address 8650 W KEARNEY BLVD

City State Zip Code  
FRESNO CA 93706

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

Name of Employer Occupation  
BIG DE FARMS FARMER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 03 / 2007

Transaction ID: SA11A1.13967.0

Amount of Each Receipt this Period  
1000.00

PARTNER

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. TONY F CORREIA</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2007
Mailing Address 1500 N ROEBEN DR		Transaction ID: SA11A1.14035
City VISALIA	State CA	Zip Code 93291
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer WESTERN MILLING	Occupation MERCHANDISE/TRADE MANAGER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. SCOTT CHARLES DACEY</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2007
Mailing Address 139 TRENT SHORES DR		Transaction ID: SA11A1.14037
City TRENT WOODS	State NC	Zip Code 28562
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 380.58
Name of Employer PACE GOVERNMENT RELATIONS	Occupation PARTNER/LOBBYIST	In-kind - EVENT EXPENSE - CATORING <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 380.58	

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS DEGROFF</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2007
Mailing Address 379 OLD LINE AVE		Transaction ID: SA11A1.13969
City EXETER	State CA	Zip Code 93221
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer DIVERSIFIED DAIRY SOLUTIONS	Occupation DAIRY NUTRITIONAL CONSULTANT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2630.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DEVIN NUNES CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MARK A DELANO**

Mailing Address **143 NORTH PARK DR**

City **MADERA** State **CA** Zip Code **93637**

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

Name of Employer **PENNY NEWMAN GRAIN** Occupation **SALES**

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 25 / 2007**

**Transaction ID: SA11A1.14068**

Amount of Each Receipt this Period  
**250.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**DUANE FISCHER**

Mailing Address **200 E LA VIDA AVE**

City **VISALIA** State **CA** Zip Code **93277**

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

Name of Employer **JD HEISKELL CO** Occupation **COO & PRESIDENT**

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2007**

**Transaction ID: SA11A1.14024**

Amount of Each Receipt this Period  
**2000.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**MIKE FISTOLERA**

Mailing Address **210 SO. MOONEY BLVD, SUITE F**

City **VISALIA** State **CA** Zip Code **93291**

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

Name of Employer **SELF EMPLOYED** Occupation **FISTOLERA CONSTRUCTION**

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1125.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2007**

**Transaction ID: SA11A1.14089**

Amount of Each Receipt this Period  
**375.00**

In-kind - OFFICE EXPENSE:  
**RENT**

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2625.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. NADEEN FISTOLERA</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 210 S MOONEY BLVD		Transaction ID: SA11A1.14091	
City VISALIA	State CA	Zip Code 93291	Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - OFFICE EXPENSE: RENT	
Name of Employer FISTOLERA CONSTRUCTION	Occupation GENERAL CONTRACTOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1125.00		

Full Name (Last, First, Middle Initial) <b>B. DON GROPPETTI</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2007	
Mailing Address 32595-G ROAD 132		Transaction ID: SA11A1.14010	
City VISALIA	State CA	Zip Code 93292	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SHEL-DON, INC.	Occupation AUTOMOBILE DEALERSHIP OWNER		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. SHELLY GROPPETTI</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2007	
Mailing Address 32595-G ROAD		Transaction ID: SA11A1.14011	
City VISALIA	State CA	Zip Code 93292	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer GRO-FROW, INC	Occupation EXECUTIVE		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JOSEPH M GUENLEY</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2007
Mailing Address 4218 W ELOWIN CT		Transaction ID: SA11A1.14077
City VISALIA	State CA	Zip Code 93291
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer WESTERN MILLING	Occupation DIRECTOR OF GRAIN MARKETING	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. W ROGER GWINN</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 504 IVY CIR		Transaction ID: SA11A1.13937
City ALEXANDRIA	State VA	Zip Code 22302
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer THE FERGUSON GROUP LLC	Occupation CONSULTANT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER W HATCHER</b>		Date of Receipt MM / DD / YYYY 05 / 22 / 2007
Mailing Address 5024 35TH ST., N		Transaction ID: SA11A1.14075
City ARLINGTON	State VA	Zip Code 22207
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer WILLIAMS & JENSEN, PLLC	Occupation ATTORNEY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MARIANN HEDSTROM

Mailing Address 2018 GREEN ACRES DR

City VISALIA State CA Zip Code 93291

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

Name of Employer VISALIA LUMBER CO Occupation OWNER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

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

Transaction ID: SA11A1.14007

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
STEPHEN HEDSTROM

Mailing Address 2018 GREEN ACRES DR

City VISALIA State CA Zip Code 93291

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

Name of Employer VISALIA LUMBER CO Occupation OWNER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

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

Transaction ID: SA11A1.14008

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
SCOTT HILLMAN

Mailing Address 1010 GROVE DR

City TULARE State CA Zip Code 93274

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

Name of Employer JD HEISKELL & CO Occupation EXECUTIVE

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.14028

Amount of Each Receipt this Period  
2000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
SUSAN BRACKIN HIRSCHMANN

Mailing Address 4052 SEMINARY RD

City State Zip Code  
ALEXANDRIA VA 22304

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

Name of Employer Occupation  
WILLIAMS & JENSEN PLLC PRINCIPAL

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

1000.00

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

Transaction ID: SA11A1.14065

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
ROBERT HODGEN

Mailing Address 4534 W MONTE VERDE AVE

City State Zip Code  
VISALIA CA 93277

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

Name of Employer Occupation  
J.D. HEISKELL HOLDINGS, LLC VP CALIFORNIA BUSINESS GROUP

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.14031

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
JOE SOUZA FARMS

Mailing Address 8555 S VALENTINE AVE

City State Zip Code  
FRESNO CA 93706

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

Name of Employer Occupation  
PARTNER

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.13965

Amount of Each Receipt this Period  
1000.00

PARTNER

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
LUDRIE SOUZA

Mailing Address 8555 S VALENTINE AVE

City FRESNO State CA Zip Code 93706

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

Name of Employer: JOE SOUZA FARMS Occupation: FARMER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 04 / 2007

Transaction ID: SA11A1.13965.0

Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
KENNETH KIES

Mailing Address 6109 FRANKLIN PARK RD

City MCLEAN State VA Zip Code 22101

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

Name of Employer: PRICEWATERHOUSE COOPER Occupation: LOBBYIST

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 05 / 14 / 2007

Transaction ID: SA11A1.14041

Amount of Each Receipt this Period: 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
MARK KREBSBACH

Mailing Address 2902 S ATWOOD CT

City VISALIA State CA Zip Code 93277

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

Name of Employer: WESTERN MILLING LLC Occupation: COMMODITY TRADER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 05 / 30 / 2007

Transaction ID: SA11A1.14032

Amount of Each Receipt this Period: 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
BERNADINA D (NINA) KRUSE

Mailing Address P. O. BOX 1029

City State Zip Code  
GOSHEN CA 93227

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

Name of Employer Occupation  
WESTERN MILLING OWNER

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

2008.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.14033

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
MARK LA BOUNTY

Mailing Address 5610 CAMPO WALK

City State Zip Code  
LONG BEACH CA 90803

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

Name of Employer Occupation  
WESTERN MILLING CHIEF OPERATIONS OFFICER & CO

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

2008.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.14064

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
ARTHUR LIFSON

Mailing Address 5816 LINDEN SQUARE CT

City State Zip Code  
ROCKVILLE MD 20852

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

Name of Employer Occupation  
PRINCIPAL ART LIFSON CONSULTING, LLC

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

2008.00

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

Transaction ID: SA11A1.14070

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ANDREW K MALONEY

Mailing Address 3020 MACOMP STREET, NW

City WASHINGTON State DC Zip Code 20008

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

Name of Employer FEDERALIST GROUP Occupation LOBBIST

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2007

Transaction ID: SA11A1.14057

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
SCOTT J MALONY

Mailing Address 3631 N CARSON ST

City VISALIA State CA Zip Code 93291

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

Name of Employer PENNY NEWMAN GRAIN COMPANY Occupation LOGISTICS MANAGER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2007

Transaction ID: SA11A1.14067

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MASHANTUCKET PEQUOT TRIBAL NATION

Mailing Address P.O. BOX 3008

City MASHANTUCKET State CT Zip Code 06338

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2007

Transaction ID: SA11A1.13989

Amount of Each Receipt this Period  
1000.00

DATED 3/16/07 LETTER DATED 4/11/07

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DEVIN NUNES CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BILL H MATTOS</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>04 / 15 / 2007</b>
Mailing Address <b>4640 SPYRES WAY</b>		<b>Transaction ID: SA11A1.14009</b>
City <b>MODESTO</b>	State <b>CA</b>	Zip Code <b>95356</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>CA POULTRY FEDERATION</b>	Occupation <b>CEO</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. STEPHEN J MC AULIFF</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>06 / 11 / 2007</b>
Mailing Address <b>2233 W HYDE WAY</b>		<b>Transaction ID: SA11A1.13957</b>
City <b>VISALIA</b>	State <b>CA</b>	Zip Code <b>93291</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>STEVEN J McAULIFF DDS INC</b>	Occupation <b>SELF EMPLOYEED ORTHODONTIST</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. J BRIAN MUNROE</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 16 / 2007</b>
Mailing Address <b>9447 BRENNER COURT</b>		<b>Transaction ID: SA11A1.14051</b>
City <b>VIENNA</b>	State <b>VA</b>	Zip Code <b>22180</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>CAPITOL HILL CONSULTING GROUP</b>	Occupation <b>LOBBIST</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>	

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL TODD PARKER Mailing Address 18798 LORT DR City VISALIA State CA Zip Code 93292 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <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>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.13958 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	6		2	0	0	7														
250.00																							
Name of Employer PENNY NEWMAN GRAIN Occupation COMMODITY TRADER Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) PECHANGA BAND OF MISSION INDIANS Mailing Address P.O. BOX 1477 City TEMECULA State CA Zip Code 92593 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <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>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.13940 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	0	7	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	2		2	0	0	7														
1000.00																							
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) PATRICK RAFFANIELLO Mailing Address 1161 OLD GATE CT City MCLEAN State VA Zip Code 22102 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <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>4</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.13994 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	6		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	6		2	0	0	7														
250.00																							
Name of Employer BUSINESSMAN Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00
1500.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td></td></tr></table>	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ROBERT A REEVES</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 2239 S JACQUES ST		Transaction ID: SA11A1.14049
City VISALIA	State CA	Zip Code 93277
Amount of Each Receipt this Period 250.00		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer LAND O'LAKES - PURINA FEED	Occupation EXECUTIVE	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. CLAUDIO C RIBEIRO-FILHO</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 6132 W LAURA AVE		Transaction ID: SA11A1.14025
City VISALIA	State CA	Zip Code 93277
Amount of Each Receipt this Period 250.00		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer WESTERN MILLING LLC	Occupation NUTRUTIONIST	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. SAGINAW CHIPPEWA INDIAN TRIBE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 7070 E BROADWAY		Transaction ID: SA11A1.14001
City MT PLEASANT	State MI	Zip Code 48858
Amount of Each Receipt this Period 1000.00		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DEVIN NUNES CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. JAMES C SELEY</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 19 / 2007</b>
Mailing Address <b>1675 EUCLID AVE</b>		<b>Transaction ID: SA11A1.14047</b>
City <b>SAN MARINO</b>	State <b>CA</b>	Zip Code <b>91108</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>COMMODITY BROKER</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>700.00</b>	

Full Name (Last, First, Middle Initial) <b>B. JOHN T (JR) SILVA</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 20 / 2007</b>
Mailing Address <b>18675 AVE 18-1/2</b>		<b>Transaction ID: SA11A1.14046</b>
City <b>MADERA</b>	State <b>CA</b>	Zip Code <b>93637</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>TPI</b>	Occupation <b>PLANT MANAGER</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>350.00</b>	

Full Name (Last, First, Middle Initial) <b>C. LEONARD S SIMON</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 24 / 2007</b>
Mailing Address <b>1660 L STREET NW SUITE 1050</b>		<b>Transaction ID: SA11A1.14073</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>SIMON AND COMPANY, INC.</b>	Occupation <b>INTERGOV RELATIONS</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ST REGIS MOHAWK TRIBAL COUNCIL

Mailing Address 412 STATE ROUTE 37

City State Zip Code  
AKWESASNE NY 13655

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 04 / 2007

Transaction ID: SA11A1.13970

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
TRAVIS TAYLOR

Mailing Address 513 HEATHERWOOD DR

City State Zip Code  
MADERA CA 93637

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

Name of Employer Occupation  
TPI SALES MANAGEMENT

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 18 / 2007

Transaction ID: SA11A1.14026

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
MARK TERRY

Mailing Address 9008 AVE 384

City State Zip Code  
DINUBA CA 93618

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

Name of Employer Occupation  
TERRY RANCH FARMER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2007

Transaction ID: SA11A1.14029

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
TOP O' THE MORN FARMS

Mailing Address 14976 AVE 168

City State Zip Code  
TULARE CA 93274

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2007

Transaction ID: SA11A1.14017

Amount of Each Receipt this Period  
1000.00

PARTNER

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

**B.** Full Name (Last, First, Middle Initial)  
RON LOCKE

Mailing Address 14976 AVE 168

City State Zip Code  
TULARE CA 93274

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

Name of Employer Occupation  
TOP O' THE MORN FARMS FARMER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2007

Transaction ID: SA11A1.14017.0

Amount of Each Receipt this Period  
1000.00

PARTNER

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

**C.** Full Name (Last, First, Middle Initial)  
TIMOTHY J URBAN

Mailing Address 19634 HOOVER FARM DR

City State Zip Code  
LAYTONSVILLE MD 20882

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

Name of Employer Occupation  
ERNEST & YOUNG LLP LOBBYIST

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2007

Transaction ID: SA11A1.13963

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ANDREW VALDIVIA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 6315 W 78TH PLACE		Transaction ID: SA11A1.14004
City LOS ANGELES	State CA	Zip Code 90045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer WHITE & COMPANY, INC.	Occupation EXECUTIVE VP	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. JACK M VICTORY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 7
Mailing Address 300 F STREET, NE		Transaction ID: SA11A1.14044
City WASHINGTON	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer CAPITOL HILL CONSULTING GROUP	Occupation CONSULTANT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. VIN WEBER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 7701 RIDGECREST		Transaction ID: SA11A1.14069
City ALEXANDRIA	State VA	Zip Code 22308
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer CLARK & WEINSTOCK	Occupation CONSULTANT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 59	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
JEREMY T WILHELM

Mailing Address 10893 S 167th ST

City State Zip Code  
OMAHA NE 68136

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

Name of Employer Occupation  
ETHONOL WEST, LLC PRESIDENT/COO

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	7

Transaction ID: SA11A1.14034

Amount of Each Receipt this Period  

250.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>35830.58</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 59
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DEVIN NUNES CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 04 / 2007</b>
Mailing Address <b>100 Abbott Park Rd. D312 AP6D</b>		<b>Transaction ID: SA11C.13961</b>
City <b>Abbott Park</b> State <b>IL</b> Zip Code <b>60064</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00040279</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. AKERMAN, SENTERFIT &amp; EIDSON PA - PAC</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 10 / 2007</b>
Mailing Address <b>255 SOUTH ORANGE AVENUE</b>		<b>Transaction ID: SA11C.14071</b>
City <b>ORLANDO</b> State <b>FL</b> Zip Code <b>32801</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00280008</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 31 / 2007</b>
Mailing Address <b>101 Constitution Ave NW Suite 400W</b>		<b>Transaction ID: SA11C.14023</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20001</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00089136</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>2000.00</b>	

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 59
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 1101 17 Street N.W. Suite 600		<b>Transaction ID: SA11C.14039</b>
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. <b>C</b> C00107300	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN BANKERS ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 1120 CONNECTICUT AVENUE N.W.		<b>Transaction ID: SA11C.13948</b>
City WASHINGTON State DC Zip Code 20036	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 101 Constitution Ave. NW Suite 700		<b>Transaction ID: SA11C.13960</b>
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. <b>C</b> C00147066	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 59
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN FOREST RESOURCE COUNCIL PAC

Mailing Address 1500 SW FIRST #765

City PORTLAND State OR Zip Code 97201

FEC ID number of contributing federal political committee. **C** C00371336

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2007

**Transaction ID:** SA11C.14083

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN HOSPITAL ASSN PAC

Mailing Address 325 7TH ST NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 15 / 2007

**Transaction ID:** SA11C.14072

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
ARCH COAL INC. POLITICAL ACTION COMMITTEE (ARCHPAC)

Mailing Address Cityplace One

City St. Louis State MO Zip Code 63141

FEC ID number of contributing federal political committee. **C** C00167668

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2007

**Transaction ID:** SA11C.13997

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 59
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ASSURANT INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2007
Mailing Address 501 W. Michigan St. PO BOX 3050		<b>Transaction ID: SA11C.13978</b>
City Milwaukee	State WI	Zip Code 53203
FEC ID number of contributing federal political committee. <b>C</b> C00185694		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&amp;T FEDERAL PAC)</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2007
Mailing Address 175 E. Houston Street Room 7-A-50		<b>Transaction ID: SA11C.14062</b>
City San Antonio	State TX	Zip Code 78205
FEC ID number of contributing federal political committee. <b>C</b> C00109017		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC (BNSF RAILPAC)</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2007
Mailing Address P.O. Box 961039 Suite 220		<b>Transaction ID: SA11C.14080</b>
City Fort Worth	State TX	Zip Code 76161
FEC ID number of contributing federal political committee. <b>C</b> C00235739		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 59
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
CALIFORNIA DAIRIES INC FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2198

City State Zip Code  
LOS BANOS CA 93635

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2007

Transaction ID: SA11C.13950

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
CHARLES SCHWAB CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 101 Montgomery St SF120KNY6-305 Suite 740

City State Zip Code  
San Francisco CA 94104

FEC ID number of contributing federal political committee. **C** C00370114

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

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

Transaction ID: SA11C.14042

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
CIGNA CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address Two Liberty Place 1601 Chestnut Street TL06N

City State Zip Code  
Philadelphia PA 19192

FEC ID number of contributing federal political committee. **C** C00085316

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2007

Transaction ID: SA11C.13942

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 59
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Mailing Address 101 Constitution Avenue NW  
Suite 500 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

Transaction ID: SA11C.13995

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS INC/SE COTTON GROWERS INC

Mailing Address 75 Elliott Rd. Suite 1210  
Suite 110

City Dawsonville State GA Zip Code 30534

FEC ID number of contributing federal political committee. **C** C00300426

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: SA11C.13944

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)

Mailing Address P O BOX 909700

City KANSAS CITY State MO Zip Code 64190

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

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

Transaction ID: SA11C.14056

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 59
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. DUPONT GOOD GOVERNMENT FUND</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 1007 Market Street BMP30-1318		Transaction ID: SA11C.13945
City State Zip Code Wilmington DE 19898	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00171926		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FED EXPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7
Mailing Address 942 S SHADY GROVE RD		Transaction ID: SA11C.13943
City State Zip Code MEMPHIS TN 38120	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00068692		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. FEDERAL NATIONAL MORTGAGE ASSOCIATION POLITICAL ACTION COMMITTEE (FANNIE MAE PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 3900 WISCONSIN AVE NW		Transaction ID: SA11C.14074
City State Zip Code WASHINGTON DC 20016	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00393520		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 59  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DEVIN NUNES CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. GENERAL MOTORS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **1660 L STREET, NW SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00076810**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
**05 / 30 / 2007**

**Transaction ID: SA11C.14019**

Amount of Each Receipt this Period  
**1000.00**

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

Full Name (Last, First, Middle Initial)  
**B. GROWTH AND PROSPERITY POLITICAL ACTION COMMITTEE**

Mailing Address **2610 Ridge Road Drive Suite 300**

City **Alexandria** State **VA** Zip Code **22302**

FEC ID number of contributing federal political committee. **C C00388793**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
**05 / 23 / 2007**

**Transaction ID: SA11C.13947**

Amount of Each Receipt this Period  
**1000.00**

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

Full Name (Last, First, Middle Initial)  
**C. HEADWATERS INCORPORATED PAC**

Mailing Address **10653 S. River Front Parkway Suite 300**

City **South Jordan** State **UT** Zip Code **84095**

FEC ID number of contributing federal political committee. **C C00388751**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
**04 / 10 / 2007**

**Transaction ID: SA11C.13992**

Amount of Each Receipt this Period  
**1000.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 59  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DEVIN NUNES CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE**

Mailing Address **1101 Pennsylvania Avenue NW  
Suite 200**

City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00034405**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 23 / 2007**

**Transaction ID: SA11C.14020**

Amount of Each Receipt this Period  
**1000.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address **655 15th Street NW Suite 445**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 08 / 2007**

**Transaction ID: SA11C.14060**

Amount of Each Receipt this Period  
**2500.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address **655 15th Street NW Suite 445**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **7500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 15 / 2007**

**Transaction ID: SA11C.14059**

Amount of Each Receipt this Period  
**2500.00**

**GENERAL**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 59
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DEVIN NUNES CAMPAIGN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MEDTRONIC INC. MEDICAL TECHNOLOGY FUND**

Mailing Address **1420 New York Avenue NW Suite 600**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00311878**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2007**

**Transaction ID: SA11C.13949**

Amount of Each Receipt this Period  
**1000.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**MORONGO BAND OF MISSION INDIANS**

Mailing Address **P.O. BOX 366**

City **CABAZON** State **CA** Zip Code **92230**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 16 / 2007**

**Transaction ID: SA11C.13999**

Amount of Each Receipt this Period  
**2100.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Mailing Address **50 F Street NW Suite 900**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00002238**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

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

**Transaction ID: SA11C.13939**

Amount of Each Receipt this Period  
**1000.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 59
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

Mailing Address 2101 WILSON BOULEVARD SUITE 400

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00325324

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

**Transaction ID:** SA11C.14093

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL VENTURE CAPITAL A POLITICAL ACTION COMMITTEE

Mailing Address 1655 NORTH FORT MYER DR., SUITE 85

City ARLINGTON State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

**Transaction ID:** SA11C.13996

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
NIGA SOVEREIGNTY PAC

Mailing Address 224 SECOND ST., SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00367177

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** SA11C.13976

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 59
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
PEABODY ENERGY CORPORATION POLITICAL ACTION COMMITTEE (PEABODY PAC)

Mailing Address 701 Market Street

City State Zip Code  
St. Louis MO 63101

FEC ID number of contributing federal political committee. **C** C00110478

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 19 / 2007

**Transaction ID:** SA11C.14055

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
PFIZER INC. PAC

Mailing Address 235 EAST 42ND STREET

City State Zip Code  
NEW YORK NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 24 / 2007

**Transaction ID:** SA11C.13956

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 517 C ST NE

City State Zip Code  
WASHINGTON DC 20002

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2007

**Transaction ID:** SA11C.14048

Amount of Each Receipt this Period  
3000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 59
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVE

City State Zip Code  
CHICAGO IL 60611

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 11 / 2007

**Transaction ID:** SA11C.14022

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
RJR POLITICAL ACTION COMMITTEE RJR NABISCO INC (RJR PAC)

Mailing Address P O BOX 718

City State Zip Code  
WINSTON-SALEM NC 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2007

**Transaction ID:** SA11C.14066

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
SAFARI CLUB INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 159

City State Zip Code  
WAPATO WA 98951

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 14 / 2007

**Transaction ID:** SA11C.14063

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 59
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. SAFEWAY INC POLITICAL ACTION COMMITTEE (SAFEPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 5918 STONERIDGE MALL RD		Transaction ID: SA11C.13962
City PLEASANTON State CA Zip Code 94588	FEC ID number of contributing federal political committee. <b>C</b> C00194084	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	2500.00	

Full Name (Last, First, Middle Initial) <b>B. SEMPRA ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2007
Mailing Address 101 Ash Street		Transaction ID: SA11C.13951
City San Diego State CA Zip Code 92101	FEC ID number of contributing federal political committee. <b>C</b> C00008748	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>C. SUNKIST GROWERS INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2007
Mailing Address 14120 RIVERSIDE DRIVE P O BOX 5576		Transaction ID: SA11C.13964
City SHERMAN OAKS State CA Zip Code 91423	FEC ID number of contributing federal political committee. <b>C</b> C00099002	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 59
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DEVIN NUNES CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS' INC</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>06 / 12 / 2007</b>
Mailing Address <b>430 FIRST STREET SE 2ND FLOOR</b>		<b>Transaction ID: SA11C.13953</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00002881</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. WAL-MART STORES INC PAC FOR RESPONSIBLE GOVERNMENT</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>06 / 13 / 2007</b>
Mailing Address <b>702 SW 8TH STREET</b>		<b>Transaction ID: SA11C.13952</b>
City <b>BENTONVILLE</b> State <b>AR</b> Zip Code <b>72716</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00093054</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. WASHINGTON GROUP INTERNATIONAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>04 / 16 / 2007</b>
Mailing Address <b>2345 Crystal Drive Suite 708</b>		<b>Transaction ID: SA11C.13990</b>
City <b>Arlington</b> State <b>VA</b> Zip Code <b>22202</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00097550</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>1000.00</b>	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 59
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DEVIN NUNES CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. WELLPOINT INC. WELLPAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 120 Monument Circle		<b>Transaction ID: SA11C.14016</b>
City State Zip Code Indianapolis IN 46204	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00197228</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>B. WELLPOINT INC. WELLPAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 120 Monument Circle		<b>Transaction ID: SA11C.14081</b>
City State Zip Code Indianapolis IN 46204	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00197228</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	71100.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ACCURATE WORD LLC</b>		<b>Transaction ID:</b> SB17.13899 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 4481 WHITE PLAINS LANE		Amount of Each Disbursement this Period 452.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WHITE PLAINS State MD Zip Code 20695	Purpose of Disbursement OFFICE EXPENSE: PRINTING/LETTERHEAD Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. STEPHANIE AMARAL</b>		<b>Transaction ID:</b> SB17.13881 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 362 VALLEY VIEW DRIVE		Amount of Each Disbursement this Period 110.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City EXETER State CA Zip Code 93221	Purpose of Disbursement OFFICE EXPENSE - TELEPHONE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		<b>Transaction ID:</b> SB17.13881.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address P.O. BOX 96082		Amount of Each Disbursement this Period 110.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BELLEVUE State WA Zip Code 98009	Purpose of Disbursement OFFICE EXPENSE - TELEPHONE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	563.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. STEPHANIE AMARAL</b>		<b>Transaction ID:</b> SB17.13896 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 362 VALLEY VIEW DRIVE		Amount of Each Disbursement this Period 175.21
City EXETER State CA Zip Code 93221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EXPENSES: TELEPHONE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		<b>Transaction ID:</b> SB17.13896.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address P.O. BOX 96082		Amount of Each Disbursement this Period 175.21
City BELLEVUE State WA Zip Code 98009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EXPENSE: TELEPHONE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. STEPHANIE AMARAL</b>		<b>Transaction ID:</b> SB17.13909 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 362 VALLEY VIEW DRIVE		Amount of Each Disbursement this Period 104.99
City EXETER State CA Zip Code 93221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EXPENSE: TELEPHONE Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	280.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Transaction ID: SB17.13909.0 Date of Disbursement 06 / 15 / 2007
Mailing Address P.O. BOX 96082		Amount of Each Disbursement this Period 104.99
City BELLEVUE State WA Zip Code 98009	Purpose of Disbursement OFFICE EXPENSE: TELEPHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T - PAYMENT CENTER</b>		Transaction ID: SB17.13892 Date of Disbursement 04 / 27 / 2007
Mailing Address PAYMENT CENTER		Amount of Each Disbursement this Period 156.03
City SACRAMENTO State CA Zip Code 95887-0001	Purpose of Disbursement OFFICE EXPENSE: TELEPHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T - PAYMENT CENTER</b>		Transaction ID: SB17.13905 Date of Disbursement 05 / 25 / 2007
Mailing Address PAYMENT CENTER		Amount of Each Disbursement this Period 157.46
City SACRAMENTO State CA Zip Code 95887-0001	Purpose of Disbursement OFFICE EXPENSE: TELEPHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	313.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T - PAYMENT CENTER</b>		<b>Transaction ID:</b> SB17.13913 Date of Disbursement
Mailing Address    PAYMENT CENTER		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City SACRAMENTO	State CA	Zip Code 95887-0001
Purpose of Disbursement OFFICE EXPENES: TELEPHONE	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="156.64"/>
State:            District:		

Full Name (Last, First, Middle Initial) <b>B. BANK OF AMERICA - USAIRWAYS VISA CARD</b>		<b>Transaction ID:</b> SB17.13890 Date of Disbursement
Mailing Address    P.O. BOX 60502		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
City CITY OF INDUSTRY	State CA	Zip Code 91716
Purpose of Disbursement TRAVEL	<input type="text" value="002"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="1682.63"/>
State:            District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		<b>Transaction ID:</b> SB17.13914 Date of Disbursement
Mailing Address    300 FIRST STREET, S.E.		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement EVENT EXPENSE: CATERING	<input type="text" value="007"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="1298.88"/>
State:            District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3138.15"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CHASE CARD SERVICES</b>		<b>Transaction ID:</b> SB17.13884 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 26.47
City Palatine State IL Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EXPENSE - TELEPHONE	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		<b>Transaction ID:</b> SB17.13884.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address P.O. BOX 96082		Amount of Each Disbursement this Period 26.47
City BELLEVUE State WA Zip Code 98009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EXPENSE - TELEPHONE	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. CHASE CARD SERVICES</b>		<b>Transaction ID:</b> SB17.13886 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 4637.98
City Palatine State IL Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE: CATERING/RENT/FOOD	Candidate Name	007 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4664.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		Transaction ID: SB17.13886.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 300 FIRST STREET, S.E.		Amount of Each Disbursement this Period 4637.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement EVENT EXPENSE: CATERING/RENT/FOOD Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007

Full Name (Last, First, Middle Initial) <b>B. CHASE CARD SERVICES</b>		Transaction ID: SB17.13888 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 70.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094	Purpose of Disbursement TRAVEL EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

Full Name (Last, First, Middle Initial) <b>C. CHASE CARD SERVICES</b>		Transaction ID: SB17.13907 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 2095.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094	Purpose of Disbursement TRAVEL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2166.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CHASE CARD SERVICES</b>		<b>Transaction ID:</b> SB17.13915 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 1644.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094	Purpose of Disbursement EVENT EXPENSE: CATERING & SUPPLY Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL CLUB</b>		<b>Transaction ID:</b> SB17.13915.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 300 FIRST STREET, S.E.		Amount of Each Disbursement this Period 780.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement EVENT EXPENSE: CATERING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007

Full Name (Last, First, Middle Initial) <b>C. MACARTHUR BEVERAGES, INC</b>		<b>Transaction ID:</b> SB17.13915.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1155 21ST, #300		Amount of Each Disbursement this Period 864.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement EVENT EXPENSE: CATERING SUPPLY Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1644.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CHASE CARD SERVICES</b>		<b>Transaction ID:</b> SB17.13919 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 974.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094	Purpose of Disbursement OFFICE EXPENSE: OFFICE SUPPLY Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BEST BUY</b>		<b>Transaction ID:</b> SB17.13919.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 3401 JEFFERSON DAVIS HWY		Amount of Each Disbursement this Period 974.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City ALEXANDRIA State VA Zip Code 20007	Purpose of Disbursement OFFICE EXPENSE: SUPPLY Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CHASE CARD SERVICES</b>		<b>Transaction ID:</b> SB17.13922 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 912.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palatine State IL Zip Code 60094	Purpose of Disbursement DONOR RECOGNITION Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1886.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. PRIDE COINS</b>		Transaction ID: SB17.13922.0 Date of Disbursement 06 / 29 / 2007
Mailing Address 901 COURTYARD WEST		Amount of Each Disbursement this Period 912.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City NEWPORT State NC Zip Code 28570		
Purpose of Disbursement DONOR RECOGNITION Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CITI CARDS</b>		Transaction ID: SB17.14086 Date of Disbursement 05 / 25 / 2007
Mailing Address P.O. BOX 6406		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City THE LAKES State NV Zip Code 88901-6406		
Purpose of Disbursement Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. COMCAST</b>		Transaction ID: SB17.13893 Date of Disbursement 04 / 27 / 2007
Mailing Address 4350 PELL DR		Amount of Each Disbursement this Period 47.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SACRAMENTO State CA Zip Code 95838		
Purpose of Disbursement OFFICE EXPENSE: INTERNET Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	57.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. COMCAST</b>		<b>Transaction ID:</b> SB17.13898 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 4350 PELL DR		Amount of Each Disbursement this Period 47.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SACRAMENTO State CA Zip Code 95838		
Purpose of Disbursement OFFICE EXPENSE: INTERNET Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. COMCAST</b>		<b>Transaction ID:</b> SB17.13910 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 4350 PELL DR		Amount of Each Disbursement this Period 47.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City SACRAMENTO State CA Zip Code 95838			
Purpose of Disbursement OFFICE EXPENSE: INTERNET Candidate Name			001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. CONFERENCE CALL.COM</b>		<b>Transaction ID:</b> SB17.13889 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address P.O. BOX 409573		Amount of Each Disbursement this Period 81.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City ATLANTA State GA Zip Code 30384			
Purpose of Disbursement OFFICE EXPENSE: TELEPHONE Candidate Name			001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	176.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CONFERENCE CALL.COM</b>		<b>Transaction ID:</b> SB17.13911 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address P.O. BOX 409573		Amount of Each Disbursement this Period 53.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ATLANTA State GA Zip Code 30384	Purpose of Disbursement OFFICE EXPENSE: TELEPHONE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SCOTT CHARLES DACEY</b>		<b>Transaction ID:</b> SB17.14038 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 139 TRENT SHORES DR		Amount of Each Disbursement this Period 380.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TRENT WOODS State NC Zip Code 28562	Purpose of Disbursement In-kind - EVENT EXPENSE - CATORING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. DETAILS PARTY RENTALS</b>		<b>Transaction ID:</b> SB17.13903 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 712 N BEN MADDOX WAY		Amount of Each Disbursement this Period 77.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISALIA State CA Zip Code 93292	Purpose of Disbursement EVENT EXPENSE: CATERING SUPPLY Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	511.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. EMERTON CLUB</b>		<b>Transaction ID:</b> SB17.13935 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 210 E TULARE AVE		Amount of Each Disbursement this Period 1179.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TULARE State CA Zip Code 93274	Purpose of Disbursement EVENT EXPENSE: CATERING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 007

Full Name (Last, First, Middle Initial) <b>B. MIKE FISTOLERA</b>		<b>Transaction ID:</b> SB17.14090 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 210 SO. MOONEY BLVD, SUITE F		Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISALIA State CA Zip Code 93291	Purpose of Disbursement In-kind - OFFICE EXPENSE: RENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. NADEEN FISTOLERA</b>		<b>Transaction ID:</b> SB17.14092 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 210 S MOONEY BLVD		Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISALIA State CA Zip Code 93291	Purpose of Disbursement In-kind - OFFICE EXPENSE: RENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1929.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CLARISSA N HENDERSON</b>		<b>Transaction ID:</b> SB17.13880 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7
Mailing Address 2340 S TERRACE ST		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISALIA State CA Zip Code 93277	Purpose of Disbursement CONSULTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CLARISSA N HENDERSON</b>		<b>Transaction ID:</b> SB17.13925 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 2340 S TERRACE ST		Amount of Each Disbursement this Period 2136.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISALIA State CA Zip Code 93277	Purpose of Disbursement EVENT EXPENSE: CATERING SUPPLY Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. COSTCO WHOLESALE</b>		<b>Transaction ID:</b> SB17.13925.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 3750 S MOONEY BLVD		Amount of Each Disbursement this Period 2136.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISALIA State CA Zip Code 93279	Purpose of Disbursement EVENT EXPENSE: CATERING SUPPLY Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2936.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 59

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CLARISSA N HENDERSON</b>		Transaction ID: SB17.13927 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 2340 S TERRACE ST		Amount of Each Disbursement this Period 98.52
City VISALIA State CA Zip Code 93277	Purpose of Disbursement OFFICE EXPENSE: SUPPLY/POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT</b>		Transaction ID: SB17.13927.0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 2425 SO MOONEY BLVD		Amount of Each Disbursement this Period 50.02
City VISALIA State CA Zip Code 93291	Purpose of Disbursement OFFICE EXPENSE: SUPPLY Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. U. S. POSTMASTER - VISALIA</b>		Transaction ID: SB17.13927.1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address GENERAL DELIVERY		Amount of Each Disbursement this Period 28.50
City VISALIA State CA Zip Code 93277	Purpose of Disbursement OFFICE EXPENSE: POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	98.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CLARISSA N HENDERSON</b>		<b>Transaction ID:</b> SB17.13930 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 2340 S TERRACE ST		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISALIA State CA Zip Code 93277	Purpose of Disbursement CONSULTING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CLARISSA N HENDERSON</b>		<b>Transaction ID:</b> SB17.13931 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 2340 S TERRACE ST		Amount of Each Disbursement this Period 100.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISALIA State CA Zip Code 93277	Purpose of Disbursement EVENT EXPENSE: SUPPLY Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. CLARISSA N HENDERSON</b>		<b>Transaction ID:</b> SB17.13933 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 2340 S TERRACE ST		Amount of Each Disbursement this Period 24.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISALIA State CA Zip Code 93277	Purpose of Disbursement OFFICE EXPENSE: POSTAGE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	925.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. U. S. POSTMASTER - VISALIA</b>		Transaction ID: SB17.13933.0 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address GENERAL DELIVERY		Amount of Each Disbursement this Period 24.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City VISALIA State CA Zip Code 93277		
Purpose of Disbursement OFFICE EXPENSE: POSTAGE Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CLARISSA N HENDERSON</b>		Transaction ID: SB17.13936 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 2340 S TERRACE ST		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISALIA State CA Zip Code 93277		
Purpose of Disbursement CONSULTING Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JIM McCLELLAN</b>		Transaction ID: SB17.14082 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 7
Mailing Address 504 CONSTITUTION AVE., NE		Amount of Each Disbursement this Period 525.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20002		
Purpose of Disbursement EVENT EXPENSE: CATORING Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1325.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. SPLENDID FARE</b>		<b>Transaction ID:</b> SB17.13901 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 1310 BRADDOCK PLACE		Amount of Each Disbursement this Period 1381.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ALEXANDER State VA Zip Code 22314	Purpose of Disbursement EVENT EXPENSE: CATERING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007

Full Name (Last, First, Middle Initial) <b>B. TOGNI-BRANCH STATIONERS</b>		<b>Transaction ID:</b> SB17.13891 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 116 E MAIN STREET		Amount of Each Disbursement this Period 29.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City VISALIA State CA Zip Code 93291	Purpose of Disbursement OFFICE EXPENSE: SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. TROPHY SHOPPE</b>		<b>Transaction ID:</b> SB17.13904 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address P.O. BOX 1384		Amount of Each Disbursement this Period 139.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TULARE State CA Zip Code 93275	Purpose of Disbursement DONOR RECOGNITION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1550.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		<b>Transaction ID:</b> SB17.13897 Date of Disbursement
Mailing Address P.O. BOX 96082		<input type="text" value="05"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City BELLEVUE	State WA	Zip Code 98009
Purpose of Disbursement OFFICE EXPENSES: TELEPHONE		<input type="text" value="001"/> Category/ Type
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="95.79"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		<b>Transaction ID:</b> SB17.13908 Date of Disbursement
Mailing Address P.O. BOX 96082		<input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City BELLEVUE	State WA	Zip Code 98009
Purpose of Disbursement OFFICE EXPENSE: TELEPHONE		<input type="text" value="001"/> Category/ Type
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="95.79"/>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		<b>Transaction ID:</b> SB17.13912 Date of Disbursement
Mailing Address P.O. BOX 96082		<input type="text" value="06"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City BELLEVUE	State WA	Zip Code 98009
Purpose of Disbursement OFFICE EXPENSE: TELEPHONE		<input type="text" value="001"/> Category/ Type
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="95.79"/>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="287.37"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. W MILLAR & CO**

Mailing Address 1335 14TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
EVENT EXPENSE: CATERING

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.13894  
Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

326.91

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

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

326.91

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

24782.84

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
DEVIN NUNES CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRESNO COUNTY REPUBLICAN CENTRAL COMMITTEE</b>		<b>Transaction ID:</b> SB21.13906 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address PO BOX 25366		Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City FRESNO State CA Zip Code 93729	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>Transaction ID:</b> SB21.13983 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 320 FIRST STREET		Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement TRANSFER OF FUNDS Candidate Name Category/Type 008	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		<b>Transaction ID:</b> SB21.13988 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 320 FIRST STREET		Amount of Each Disbursement this Period 30000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement TRANSFER Candidate Name Category/Type 008	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>41200.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>41200.00</b>