

# 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  
Campbell for Congress

ADDRESS (number and street) 4590 MacArthur Blvd., Suite 500  
 Check if different than previously reported. (ACC)  
Irvine CA 92660

2. **FEC IDENTIFICATION NUMBER** C00412312  
**CITY** **STATE** **ZIP CODE**  
**STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CA 48

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

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 12 06 2005 in the State of CA

5. Covering Period 11 17 2005 through 12 26 2005

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 Kelly Lawler

Signature of Treasurer Electronically Filed by Kelly Lawler Date 03 21 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Campbell for Congress

Report Covering the Period: From: 

M	M
1	1

D	D
1	7

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
2	6

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	181025.52	1342794.19
(b) Total Contribution Refunds (from Line 20(d)).....	1000.00	6800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	180025.52	1335994.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	182419.96	1457704.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	1100.00	1100.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	181319.96	1456604.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	77131.41	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	358651.54	

**For further information contact:**

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

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

**POST-ELECTION DETAILED  
SUMMARY PAGE**  
Report of Receipts and Disbursements

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Campbell for Congress

Report Covering the Period: From: 

M	M
1	1

D	D
1	7

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
2	6

Y	Y	Y	Y
2	0	0	5

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for																																
11. CONTRIBUTIONS (other than loans) FROM:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>6</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	1	2	D	D	0	6	Y	Y	Y	Y	2	0	0	5	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>7</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	1	2	D	D	0	7	Y	Y	Y	Y	2	0	0	5
M	M																																	
1	2																																	
D	D																																	
0	6																																	
Y	Y	Y	Y																															
2	0	0	5																															
M	M																																	
1	2																																	
D	D																																	
0	7																																	
Y	Y	Y	Y																															
2	0	0	5																															
(a) Individuals/Persons Other than Political Committees	(date of general election)	(date after general election)																																
(i) Itemized (Use Schedule A)		<b>through</b>																																
106995.62		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>2</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>6</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	M	M	1	2	D	D	2	6	Y	Y	Y	Y	2	0	0	5																
M	M																																	
1	2																																	
D	D																																	
2	6																																	
Y	Y	Y	Y																															
2	0	0	5																															
(ii) Unitemized		(last day of reporting period)																																
3965.00																																		
(iii) Total of contributions from individuals																																		
110960.62	877810.37	22706.69																																
(b) Political Party Committees																																		
0.00	0.00	0.00																																
(c) Other Political Committees																																		
70064.90	448768.63	17415.90																																

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	16215.19	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
181025.52	1342794.19	40122.59
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	250000.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	250000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
1100.00	1100.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	1.94	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
182125.52	1593896.13	40122.59

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Campbell for Congress

Report the covering period

From:

MM 11

DD 17

YYYY 2005

To:

MM 12

DD 26

YYYY 2005

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
182419.96	1457704.60	79292.71
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
1000.00	6800.00	1000.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

1000.00	6800.00	1000.00
---------	---------	---------

21. OTHER DISBURSEMENTS

0.00	12090.00	0.00
------	----------	------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

183419.96	1476594.60	80292.71
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

180025.52	1335994.19	39122.59
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

181319.96	1456604.60	79292.71
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	78425.85
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	182125.52
25. SUBTOTAL(add Line 23 and Line 24) .....	260551.37
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	183419.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	77131.41

# 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 / 108
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Campbell for Congress

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

Mailing Address 1455 Pennsylvania Avenue, NW

City State Zip Code  
Washington DC 20040-0000

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer  
Qualified Multi-Candidate Com.

Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 5

**Transaction ID:** 51123.C5856

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Medical Association PAC

Mailing Address 1101 Vermont Avenue, NW

City State Zip Code  
Washington DC 20005-0000

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer  
Qualified Multi-Candidate Com.

Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 5

**Transaction ID:** 60104.C6077

Amount of Each Receipt this Period  
5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Physical Therapy Association

Mailing Address 111 N Fairfax Street

City State Zip Code  
Alexandria VA 22314-0000

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer  
Qualified Multi-Candidate Com.

Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 5

**Transaction ID:** 51205.C5939

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<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 8 / 108
	(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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. American Society of Anesthesiologists</b>		Date of Receipt MM / DD / YYYY 11 / 25 / 2005
Mailing Address 520 N. Northwest Highway		Transaction ID: 51127.C5865
City State Zip Code Park Ridge IL 60068-2573	FEC ID number of contributing federal political committee. <b>C</b> C00255752	Amount of Each Receipt this Period 2000.00
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Occupation Election Cycle-to-Date ▼ 4100.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>B. American Trucking Assn PAC</b>		Date of Receipt MM / DD / YYYY 12 / 05 / 2005
Mailing Address 439 First Street, SE		Transaction ID: 51205.C5935
City State Zip Code Washington DC 20003-0000	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Occupation Election Cycle-to-Date ▼ 1000.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>C. Citigroup, Inc. PAC</b>		Date of Receipt MM / DD / YYYY 12 / 26 / 2005
Mailing Address 1101 Pennsylvania, NW, #1000		Transaction ID: 60104.C6075
City State Zip Code Washington DC 20004-0000	FEC ID number of contributing federal political committee. <b>C</b> C00039305	Amount of Each Receipt this Period 1000.00
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Occupation Election Cycle-to-Date ▼ 1000.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<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 9 / 108
	<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Credit Union Leg. Action Council</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address 601 Pennsylvania Avenue NW		<b>Transaction ID: 51118.C5772</b>	
City State Zip Code Washington DC 20042-6010	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00007880		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Occupation Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) <b>B. Crowell &amp; Moring PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 5	
Mailing Address 1001 Pennsylvania Avenue, NW		<b>Transaction ID: 60104.C6079</b>	
City State Zip Code Washington DC 20004-0000	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b> C00199869		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Occupation Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Deloitte &amp; Touche Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address P.O. Box 365		<b>Transaction ID: 51129.C5879</b>	
City State Zip Code Washington DC 20044-0365	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00211318		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Occupation Election Cycle-to-Date ▼ 7000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>8250.00</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 10 / 108
	<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Edwards Lifesciences PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address One Edwards Way		<b>Transaction ID: 51129.C5882</b>	
City State Zip Code Irvine CA 92614-0000		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C C00411900</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005		Election Cycle-to-Date ▼ 3100.00	

Full Name (Last, First, Middle Initial) <b>B. Flour Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 5	
Mailing Address 403 E. Capitol Street, SE		<b>Transaction ID: 60104.C6065</b>	
City State Zip Code Washington DC 20003-0000		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00034132</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Qualified Multi-Candidate Com.			
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Friends of Todd Spitzer 2006</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5	
Mailing Address 1940 N. Tustin Avenue, #1B		<b>Transaction ID: 51130.C5907</b>	
City State Zip Code Orange CA 92865-0000		Amount of Each Receipt this Period 999.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005		Election Cycle-to-Date ▼ 999.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>4099.00</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 11 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Generation Next  
Mailing Address 591 Redwood Hwy. #4000

City State Zip Code  
Mill Valley CA 94941-0000

FEC ID number of contributing federal political committee. **C** C00392795

Name of Employer Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off 2005

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

**Transaction ID:** 51202.C5930

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Geoff Davis for Congress  
Mailing Address P.O. Box 17192

City State Zip Code  
Ft Mitchell KY 41017-0000

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

Name of Employer Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special General 2005

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 5

**Transaction ID:** 51118.C5768

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Geoff Davis for Congress  
Mailing Address P.O. Box 17192

City State Zip Code  
Ft Mitchell KY 41017-0000

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

Name of Employer Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off 2005

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 5

**Transaction ID:** 51118.C5769

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4100.00

**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 12 / 108
	<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. HALPAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address 1155 21st Street, NW, #300		Transaction ID: 51121.C5844	
City State Zip Code Washington DC 20036-0000	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00376038		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Occupation Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Issa For Congress</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 5	
Mailing Address P.O. Box 760		Transaction ID: 60104.C6107	
City State Zip Code Vista CA 92085-0000	Amount of Each Receipt this Period 665.90		
FEC ID number of contributing federal political committee. <b>C</b> C00350520		In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Occupation Election Cycle-to-Date ▼ 665.90		

INKIND: Campaign Lodging Expens

Full Name (Last, First, Middle Initial) <b>C. Mortgage Bankers Association</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 6 / 2 0 0 5	
Mailing Address 1919 Pennsylvania Avenue, NW, 8th		Transaction ID: 60104.C6076	
City State Zip Code Washington DC 20006-3438	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00004812		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Occupation Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5165.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 108
	(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)  
Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Natl Assn of Insurance & Financial Adv. Mailing Address 2901 Telestar Court City Falls Church State VA Zip Code 22042-0000 FEC ID number of contributing federal political committee. <b>C</b> C00005249 Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005 Occupation Election Cycle-to-Date ▼ 5000.00		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>1</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 51205.C5940 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> Receipt <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	1	2	/	0	4	/	2	0	0	5	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	4	/	2	0	0	5														
2500.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) National Restaurant Assn PAC Mailing Address 1200 Seventeenth Street, NW City Washington State DC Zip Code 20036-3097 FEC ID number of contributing federal political committee. <b>C</b> C00003764 Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005 Occupation Election Cycle-to-Date ▼ 5000.00		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>1</td><td>2</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 60104.C6078 Amount of Each Receipt this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table> Receipt <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	1	2	/	2	6	/	2	0	0	5	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	2	6	/	2	0	0	5														
5000.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) NRA Political Victory Fund Mailing Address 11250 Waples Mill Road City Fairfax State VA Zip Code 22030-7400 FEC ID number of contributing federal political committee. <b>C</b> C00053553 Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005 Occupation Election Cycle-to-Date ▼ 9900.00		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>1</td><td>2</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 51205.C5936 Amount of Each Receipt this Period <table border="1"> <tr> <td>4950.00</td> </tr> </table> Receipt <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	1	2	/	0	5	/	2	0	0	5	4950.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	5	/	2	0	0	5														
4950.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>12450.00</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 14 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Price for Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077-0000

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

Name of Employer Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 5

**Transaction ID:** 51127.C5864

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 8404 Indian Hills Drive

City Omaha State NE Zip Code 68114-0000

FEC ID number of contributing federal political committee. **C** C00103903

Name of Employer Qualified Multi-Candidate Com. Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

**Transaction ID:** 51130.C5923

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 430 N. Michigan Avenue

City Chicago State IL Zip Code 60611-0000

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

Name of Employer Qualified Multi-Candidate Com. Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

**Transaction ID:** 51202.C5927

Amount of Each Receipt this Period  
 5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

**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 / 108
	<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Sempra Energy Employees PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address 101 Ash Street		<b>Transaction ID: 60104.C6088</b>	
City State Zip Code San Diego CA 92101-0000		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00008748		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005		Occupation Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Superior California PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 2150 River Plaza Drive, #150		<b>Transaction ID: 60104.C6102</b>	
City State Zip Code Sacramento CA 95833-0000		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00317511		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005		Occupation Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. The Irvine Company Employees PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 550 Newport Center Drive		<b>Transaction ID: 51130.C5922</b>	
City State Zip Code Newport Beach CA 92658-0000		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00131615		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005		Occupation Election Cycle-to-Date ▼ 500.00	

<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: (check only one)	PAGE 16 / 108
	<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Union Pacific Corporation PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address 600 Thirteenth Street, NW Suite 34		<b>Transaction ID:</b> 51205.C5937	
City State Zip Code Washington DC 20005-0000		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00010470		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005		Occupation Election Cycle-to-Date ▼ 7500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Van Tran For Assembly 2006		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 2150 River Plaza Dr. Suite 150		<b>Transaction ID:</b> 51129.C5883	
City State Zip Code Sacramento CA 95833-0000		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005		Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Wal PAC For Responsible Government		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 702 SW 8th Street		<b>Transaction ID:</b> 51130.C5912	
City State Zip Code Bentonville AR 72716-0000		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00093054		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005		Occupation Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	70064.90



**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 / 108
	<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)  
Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Karen Allen Mailing Address 1309 Ashford Lane City State Zip Code Newport Beach CA 92660-0000 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 5 <b>Transaction ID:</b> 51130.C5919 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Newport Real Estate Services Sr. Vice President Receipt For: 2005 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 1000.00 2005		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert A. Alter Mailing Address 2 Via Cancha City State Zip Code San Clemente CA 92673 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> 51118.C5771 Amount of Each Receipt this Period 2100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Sunstone Hotels President Receipt For: 2005 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 4200.00 2005		

<b>C.</b> Full Name (Last, First, Middle Initial) Philip Anthony Mailing Address 2050 West 190th Street, Suite 205 City State Zip Code Torrance CA 90504-0000 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 5 <b>Transaction ID:</b> 60104.C5960 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Decision Quest CEO Receipt For: 2005 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 500.00 2005		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3600.00</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 18 / 108
	<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)  
Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) George Argyros Mailing Address 949 S. Coast Drive, #600 City State Zip Code Costa Mesa CA 92626-0000 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>1</td><td>2</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 60104.C6064 Amount of Each Receipt this Period <table border="1"> <tr> <td>2100.00</td> </tr> </table> Receipt <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	1	2	/	2	6	/	2	0	0	5	2100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	2	6	/	2	0	0	5														
2100.00																							
Name of Employer: Arnel & Affiliates Occupation: Chairman & CEO Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005 Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2100.00</td> </tr> </table>		2100.00																					
2100.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Deeann Baldwin Mailing Address 280 Newport Center Drive, Suite 24 City State Zip Code Newport Beach CA 92660 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>1</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 51123.C5861 Amount of Each Receipt this Period <table border="1"> <tr> <td>2100.00</td> </tr> </table> Receipt <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	1	1	/	2	3	/	2	0	0	5	2100.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	3	/	2	0	0	5														
2100.00																							
Name of Employer: Occupation: Homemaker Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005 Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2100.00</td> </tr> </table>		2100.00																					
2100.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Tim Ballard Mailing Address 23 Marble Sands City State Zip Code Newport Beach CA 92660 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>1</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 60104.C5961 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <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	1	2	/	0	4	/	2	0	0	5	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	4	/	2	0	0	5														
500.00																							
Name of Employer: Buchanan Street Partners Occupation: CFO Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005 Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4700.00</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 19 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lee Beaman

Mailing Address 1525 Broadway

City Nashville State TN Zip Code 37203-0000

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

Name of Employer Beaman Automotive Occupation Auto Dealer

Receipt For: 2005  
 Primary  General  
 Other (specify) Special Run Off 2005

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 7 / 2 0 0 5

Transaction ID: 51129.C5875

Amount of Each Receipt this Period  
 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jane Beneke

Mailing Address 4201 Armstrong Parkway

City Dallas State TX Zip Code 75205-3715

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

Name of Employer Occupation Homemaker

Receipt For: 2005  
 Primary  General  
 Other (specify) Special Run Off 2005

Election Cycle-to-Date 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 5

Transaction ID: 60104.C6097

Amount of Each Receipt this Period  
 100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Gary Black

Mailing Address 2 Sutton Lane

City Novato State CA Zip Code 94945-0000

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

Name of Employer One Beacon Insurance Co. Occupation Executive

Receipt For: 2005  
 Primary  General  
 Other (specify) Special Run Off 2005

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 5 / 2 0 0 5

Transaction ID: 51205.C5934

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

**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 20 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Peter E. Blackstock

Mailing Address P.O. Box 369

City State Zip Code  
Pebble Beach CA 93953-0000

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

Name of Employer Occupation  
Leslie Motors Inc. Auto Dealer

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2005

**Transaction ID:** 51123.C5859

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Brehmer

Mailing Address 201 Seabreeze Court

City State Zip Code  
Vero Beach FL 32963-0000

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

Name of Employer Occupation  
Retired

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 19 / 2005

**Transaction ID:** 60104.C6093

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Stephen Brown

Mailing Address 20 Reina

City State Zip Code  
Monarch Beach CA 92629-0000

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

Name of Employer Occupation  
Heritage Lincoln Mercury CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
25.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2005

**Transaction ID:** 60104.C6052

Amount of Each Receipt this Period  
25.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1275.00
<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 21 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Frank Campbell

Mailing Address 505 Redlands Avenue

City State Zip Code  
Newport Beach CA 92663-0000

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

Name of Employer Occupation  
Equity Office Real Estate

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: 51130.C5905

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Michael Capaldi

Mailing Address 10 Drakes Bay Drive

City State Zip Code  
Corona Del Mar CA 92625-0000

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

Name of Employer Occupation  
Spach, Capaldi & Waggaman Attorney

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

Transaction ID: 51202.C5933

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lynette Carlucci

Mailing Address 27 Crocked Stick Drive

City State Zip Code  
Newport Beach CA 92660-0000

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 5

Transaction ID: 60104.C6015

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4450.00**

**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 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Charles Chanfield

Mailing Address 400 Beach Street

City State Zip Code  
Santa Cruz CA 95060

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

Name of Employer Occupation  
SC Seaside Co. Business

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off 2005

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 5

**Transaction ID:** 51129.C5877

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Cynthia Cook

Mailing Address 337 Marche Lane

City State Zip Code  
Costa Mesa CA 92627-1416

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

Name of Employer Occupation  
Student

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off 2005

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 5

**Transaction ID:** 60104.C5959

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Joseph Timothy Cook

Mailing Address 508 Carnation Avenue

City State Zip Code  
Corona del Mar CA 92625

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

Name of Employer Occupation  
Retired

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off 2005

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

**Transaction ID:** 51202.C5928

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2600.00**

**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 23 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Chris Copps

Mailing Address 1611 Emerald Bay

City Laguna State CA Zip Code 92651

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

Name of Employer Merrill Lynch Private Banking Occupation Senior Vice President

Receipt For: 2005  
 Primary  General  
 Other (specify) Special Run Off 2005

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
12 / 19 / 2005

Transaction ID: 60104.C6030

Amount of Each Receipt this Period

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

**B.** Full Name (Last, First, Middle Initial)  
James Crowley

Mailing Address P.O. Bpx 707

City Rancho Santa Fe State CA Zip Code 92067

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

Name of Employer The Automotive Group Occupation Automobile Dealer

Receipt For: 2005  
 Primary  General  
 Other (specify) Special Run Off 2005

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
11 / 27 / 2005

Transaction ID: 51129.C5876

Amount of Each Receipt this Period

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

**C.** Full Name (Last, First, Middle Initial)  
Russ Darrow

Mailing Address 4664 Cedarpark Drive

City West Bend State WI Zip Code 53095-0000

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

Name of Employer Self-Employed Occupation Auto Dealer

Receipt For: 2005  
 Primary  General  
 Other (specify) Special Run Off 2005

Election Cycle-to-Date

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2005

Transaction ID: 60104.C6058

Amount of Each Receipt this Period

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

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

**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 24 / 108
	<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)  
Campbell for Congress

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

Mailing Address 15732 Tustin Village Way

City State Zip Code  
Tustin CA 92780-0000

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

Name of Employer Goldenwest Diamond Corp Occupation Owner

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off 2005

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: 51129.C5884

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
William Doddridge

Mailing Address 15732 Tustin Village Way

City State Zip Code  
Tustin CA 92780-0000

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

Name of Employer Goldenwest Diamond Corp Occupation Owner

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special General 2005

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: 51129.C5885

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Paul Douglas

Mailing Address 33862 Barcelona Place

City State Zip Code  
Dana Point CA 92629-0000

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

Name of Employer Pacific Environmental Planning Occupation Land Planner

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 5

Transaction ID: 60104.C6099

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4450.00**

**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 25 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dale Dykema

Mailing Address 1963 Vista Caudal

City State Zip Code  
Newport Beach CA 92660-0000

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

Name of Employer Occupation  
TD Service Company Executive

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 5

**Transaction ID:** 51123.C5860

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jill Edwards

Mailing Address 1649 Bluebird Canyon

City State Zip Code  
Laguna Beach CA 92651-0000

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

Name of Employer Occupation  
OMelveny & Myers Attorney

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 5

**Transaction ID:** 60104.C6073

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bruce Elieff

Mailing Address 26 Pelican Point

City State Zip Code  
Newport Coast CA 92657-0000

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

Name of Employer Occupation  
SunCal President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 5

**Transaction ID:** 60104.C6068

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4350.00**

**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 26 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Richard Emsiek

Mailing Address 435 Begonia Avenue

City State Zip Code  
Corona Del Mar CA 92625-0000

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

Name of Employer  
Self-Employed

Occupation  
Architect

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 5

Transaction ID: 60104.C6086

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Shannon Eusey

Mailing Address 1964 Port Laurent Place

City State Zip Code  
Newport Beach CA 92660-0000

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

Name of Employer  
Beacon Point Advisors

Occupation  
Self-Employed

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special General  
2005

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: 51129.C5886

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Roger Fauble

Mailing Address 21992 Esplendor

City State Zip Code  
Mission Viejo CA 92691-0000

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

Name of Employer  
Water & Faubel

Occupation  
Principle

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 51130.C5921

Amount of Each Receipt this Period  
1000.00

Receipt  
 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 27 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Atticus Firey

Mailing Address 17991 Mitchell South

City Irvine State CA Zip Code 92614-0000

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

Name of Employer Meguiars Lane Occupation CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 6 / 2 0 0 5

Transaction ID: 60104.C6084

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
. Generation Next

Mailing Address 591 Redwood Hwy. #4000

City Mill Valley State CA Zip Code 94941

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

Name of Employer Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Other

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 6 / 2 0 0 5

Transaction ID: CM25960104.C6084

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 7604 E. Skylark

City Orange State CA Zip Code 92869-0000

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

Name of Employer Sperry Van Ness Occupation President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 9 / 2 0 0 5

Transaction ID: 51202.C5924

Amount of Each Receipt this Period  
 500.00

Receipt  
 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 28 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Harold Furman

Mailing Address 1750 H Street, NW, #600

City Washington State DC Zip Code 20006-4695

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

Name of Employer The Furman Group, Inc. Occupation Businessman

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 3933.93

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 5

**Transaction ID:** 51205.C5938

Amount of Each Receipt this Period  
 1833.93

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

Fundraiser Catering

**B.** Full Name (Last, First, Middle Initial)  
Patrick Fuscoe

Mailing Address 20 Cliffhouse Bluff

City Newport Coast State CA Zip Code 92657

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

Name of Employer Fuscoe Engineering Occupation Owner

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 9 / 2 0 0 5

**Transaction ID:** 51130.C5910

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Janice Glaab

Mailing Address 14 Halsey Avenue

City Laguna Niguel State CA Zip Code 92677-0000

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

Name of Employer Glaab & Associates Occupation Public Affairs

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 5

**Transaction ID:** 60104.C6095

Amount of Each Receipt this Period  
 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3083.93**

**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 29 / 108
	<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Jeff Goffman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 630 Ramon Drive		Transaction ID: 51130.C5902	
City State Zip Code Corona Del Mar CA 92625-0000	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Best Efforts Met	Election Cycle-to-Date 500.00		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Run Off 2005			

Full Name (Last, First, Middle Initial) <b>B.</b> Stanley Gordon		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 5	
Mailing Address 500 Emerald Bay		Transaction ID: 60104.C6031	
City State Zip Code Laguna Beach CA 92651-0000	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Flexpoint Funding Corp Attorney	Election Cycle-to-Date 500.00		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Run Off 2005			

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Gottlieb		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address 2461 Crestview Drive		Transaction ID: 60104.C5973	
City State Zip Code Newport Beach CA 92663-0000	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation George Smith Partners, In-c. Senior Vice President	Election Cycle-to-Date 600.00		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Run Off 2005			

<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 30 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
H&S Ventures, LLC

Mailing Address 537 Newport Center Drive, PMB 372

City State Zip Code  
Newport Beach CA 92660

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

Name of Employer Partners Requested Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 5

**Transaction ID:** 51118.C5770

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Elias Haddad

Mailing Address 3812 Brae Burn Drive

City State Zip Code  
Bakersfield CA 93306-0000

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

Name of Employer Haddad Dodge Kia Occupation Self-Employed

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 5

**Transaction ID:** 51129.C5870

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 244 Silver Tree Road

City State Zip Code  
Glendora CA 91741-0000

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

Name of Employer Great Metro Autogroup Occupation Car Dealer

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 5

**Transaction ID:** 60104.C6054

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4700.00
<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 31 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Hayashida

Mailing Address 11 Thalia Street

City State Zip Code  
Ladera Ranch CA 92694-0000

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

Name of Employer Occupation  
Careways Physician

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 5

Transaction ID: 60104.C6096

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Michael Hayde

Mailing Address 27 Crooked Stick Drive

City State Zip Code  
Newport Beach CA 92680-0000

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

Name of Employer Occupation  
Western National Group CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 5

Transaction ID: 60104.C6014

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Gavin Herbert

Mailing Address 4524 Roxbury Road

City State Zip Code  
Corona Del Mar CA 92625-0000

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

Name of Employer Occupation  
Best Efforts Met

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 5

Transaction ID: 60104.C5962

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2850.00**

**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 32 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Hewitt

Mailing Address P.O. Box 5209

City Irvine State CA Zip Code 92606-0000

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

Name of Employer Occupation  
Homemaker

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

**Transaction ID:** 51130.C5915

Amount of Each Receipt this Period  
 2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Hugh Hewitt

Mailing Address P.O. Box 5209

City Irvine State CA Zip Code 92606-0000

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

Name of Employer Occupation  
Hewitt & ONeil, LLP Lawyer

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 5

**Transaction ID:** 51130.C5914

Amount of Each Receipt this Period  
 2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Delores Higby

Mailing Address 218 Via Lido Nord

City Newport Beach State CA Zip Code 92663-4608

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

Name of Employer Occupation  
Homemaker

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 5

**Transaction ID:** 51127.C5867

Amount of Each Receipt this Period  
 2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6300.00</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 33 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lawrence Higby

Mailing Address 218 Via Lido Nord

City State Zip Code  
Newport Beach CA 92663-4608

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

Name of Employer Occupation  
Apria Healthcare CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 5

**Transaction ID:** 51127.C5866

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dennis Holmes

Mailing Address 13837 Torrey Bella Court

City State Zip Code  
San Diego CA 92129-0000

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

Name of Employer Occupation  
Carson Realty Advisors Real Estate

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 5

**Transaction ID:** 60104.C6094

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Timothy Hussman

Mailing Address 652 Agate Street

City State Zip Code  
Laguna Beach CA 92651-0000

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

Name of Employer Occupation  
Newport Meat Company CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 5

**Transaction ID:** 51130.C5904

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2850.00</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 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rande Johnsen

Mailing Address 19642 County Lane

City State Zip Code  
Santa Ana CA 92705-0000

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

Name of Employer Occupation  
MTC Financial, Inc. Trustee

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
1036.69

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 5

Transaction ID: 60104.C6108

Amount of Each Receipt this Period  
1036.69

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

INKIND:Luncheon for Volunteers

**B.** Full Name (Last, First, Middle Initial)  
Paul D. Jones, II

Mailing Address 7241 E. Grovewood Lane

City State Zip Code  
Orange CA 92869-0000

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

Name of Employer Occupation  
Best Efforts Met

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 51130.C5920

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Fletcher Jones, Jr.

Mailing Address 3300 Jamboree Road

City State Zip Code  
Newport Beach CA 92660-0000

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

Name of Employer Occupation  
Fletcher Jones Auto Group Dealer

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 5

Transaction ID: 60104.C6105

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3386.69**

**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 35 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
J. Harvey Karp

Mailing Address PO Box 16135

City State Zip Code  
Newport Beach CA 92659-0000

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

Name of Employer Retired Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 5

Transaction ID: 51123.C5863

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Harry Karsten

Mailing Address 4533 Perham Road

City State Zip Code  
Corona Del Mar CA 92625-0000

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

Name of Employer The Karsten Company Occupation Owner

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: 51129.C5880

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ryan Kerrigan

Mailing Address 506 Jasmine Avenue

City State Zip Code  
Corona Del Mar CA 92625-0000

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

Name of Employer TL Fabrications LP Occupation President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 5

Transaction ID: 51130.C5908

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3350.00**

**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 36 / 108
	<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)  
Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Howard Klein Mailing Address 5 Charleston City Irvine State CA Zip Code 92620-0000 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5 <b>Transaction ID:</b> 60104.C5974 Amount of Each Receipt this Period 250.00
Name of Employer: Klein O'Neill & Singh LLP Occupation: Lawyer Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005 Election Cycle-to-Date ▼ 500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b> Full Name (Last, First, Middle Initial) Knightsbridge Asset Management, LLC Mailing Address 660 Newport Center Drive, #460 City Newport Beach State CA Zip Code 92660-6405 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5 <b>Transaction ID:</b> 60104.C5978 Amount of Each Receipt this Period 500.00
Name of Employer: Partners Requested Occupation: Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005 Election Cycle-to-Date ▼ 500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b> Full Name (Last, First, Middle Initial) Horst Korallus Mailing Address 8317 W. 125th Street City Palos Park State IL Zip Code 60464-0000 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 5 <b>Transaction ID:</b> 60104.C5951 Amount of Each Receipt this Period 250.00
Name of Employer: Lisle Auto Occupation: Manager Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005 Election Cycle-to-Date ▼ 250.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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 / 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Karin Krogius

Mailing Address 178 Shorecliff Road

City State Zip Code  
Corona Del Mar CA 92625-0000

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

Name of Employer Self-Employed Occupation Real Estate

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 5

Transaction ID: 51130.C5899

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Shau-Wai Lam

Mailing Address 81 Hobart Avenue

City State Zip Code  
Summit NJ 07901-0000

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

Name of Employer DCH Auto Group Occupation President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off 2005

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 5

Transaction ID: 51130.C5909

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lang, Hansen, OMalley & Miller

Mailing Address 1121 L Street, Suite 100

City State Zip Code  
Sacramento CA 95814-0000

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

Name of Employer Partnership Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off 2005

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: 51129.C5878

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4700.00</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 38 / 108
	<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Joe Lang</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 1121 L Street, #100		Transaction ID: 60104.C6036	
City State Zip Code Cool CA 95614-0000	Amount of Each Receipt this Period 525.00		
FEC ID number of contributing federal political committee. C		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership->Lang, Hansen, OMalley & Miller	
Name of Employer Lang Hansen OMalley & Miller	Occupation Partner		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Run Off 2005	Election Cycle-to-Date 525.00		

Full Name (Last, First, Middle Initial) <b>B. Bev Hansen</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 1121 L Street, #100		Transaction ID: 60104.C6037	
City State Zip Code Cool CA 95614-0000	Amount of Each Receipt this Period 525.00		
FEC ID number of contributing federal political committee. C		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership->Lang, Hansen, OMalley & Miller	
Name of Employer Lang Hansen OMalley & Miller	Occupation Partner		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Run Off 2005	Election Cycle-to-Date 525.00		

Full Name (Last, First, Middle Initial) <b>C. John OMalley</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 1121 L Street, #100		Transaction ID: 60104.C6038	
City State Zip Code Cool CA 95614-0000	Amount of Each Receipt this Period 525.00		
FEC ID number of contributing federal political committee. C		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership->Lang, Hansen, OMalley & Miller	
Name of Employer Lang Hansen OMalley & Miller	Occupation Partner		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Run Off 2005	Election Cycle-to-Date 525.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<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 39 / 108
	<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)  
Campbell for Congress

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

Mailing Address 1121 L Street, #100

City State Zip Code  
Cool CA 95614-0000

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

Name of Employer Occupation  
Lang Hansen OMalley & Miller Partner

Receipt For: 2005 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
Special Run Off 525.00  
2005

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: 60104.C6039

Amount of Each Receipt this Period  
525.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership->Lang, Hansen, OMalley & Miller

**B.** Full Name (Last, First, Middle Initial)  
Marr N. Leisure

Mailing Address 6 Bluff View

City State Zip Code  
Irvine CA 92715-0000

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

Name of Employer Occupation  
Leisure Capital Management Investment Manager

Receipt For: 2005 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
Special Run Off 500.00  
2005

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: 51130.C5892

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ronald Loder

Mailing Address 6 Searidge

City State Zip Code  
Laguna Niguel CA 92677

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

Name of Employer Occupation  
Retired

Receipt For: 2005 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
Special Run Off 4200.00  
2005

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 51130.C5911

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2600.00**

**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 40 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert R. Longpre

Mailing Address 13590 Beach Blvd

City State Zip Code  
Westminster CA 92683-0002

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

Name of Employer Occupation  
Lexus of Westminster Automobile Dealer

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off  
 2005

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 5

**Transaction ID:** 51123.C5857

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bernard L. Magnussen

Mailing Address 325 Channing Avenue, #110

City State Zip Code  
Palo Alto CA 94301-0000

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

Name of Employer Occupation  
Magnussen Dealerhip Group Auto Dealer

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off  
 2005

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 5

**Transaction ID:** 60104.C6055

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Paul Makarechian

Mailing Address 4100 MacArthur Boulevard, Suite 20

City State Zip Code  
Newport Beach CA 92660-2069

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

Name of Employer Occupation  
Capital Pacific Holdings, Inc. CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off  
 2005

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 2 / 2 0 0 5

**Transaction ID:** 51202.C5931

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4700.00</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 41 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mary Aileen Matheis

Mailing Address 73 Niththawk

City Irvine State CA Zip Code 92604-3683

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

Name of Employer Self-Employed Occupation Attorney at Law

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 5

Transaction ID: 60104.C5949

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Yvette McCarthy

Mailing Address 25 Gleneagles

City Newport Beach State CA Zip Code 92660-0000

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

Name of Employer Best Efforts Met Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 5 / 2 0 0 5

Transaction ID: 60104.C5970

Amount of Each Receipt this Period  
 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Don McCreddie

Mailing Address 59 S. La Senda

City Laguna Beach State CA Zip Code 92651-0000

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

Name of Employer Occupation Retired

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 5

Transaction ID: 60104.C5963

Amount of Each Receipt this Period  
 250.00

Receipt  
 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 42 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Carl McLarand

Mailing Address 1900 Main Street, Floor 8

City Irvine State CA Zip Code 92614

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

Name of Employer McLarand, Vasquez & Partners  
Occupation President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 26 / 2005

Transaction ID: 60104.C6087

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Darryl Miller

Mailing Address 16 Glorieta, W.

City Irvine State CA Zip Code 92620-0000

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

Name of Employer IRWD  
Occupation President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
12 / 04 / 2005

Transaction ID: 60104.C5943

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Peter Morin

Mailing Address 949 Sandcastle

City Corona Del Mar State CA Zip Code 92625-0000

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

Name of Employer Adopt-A-Highway  
Occupation CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2005

Transaction ID: 51130.C5903

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 43 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Steven Myers

Mailing Address 1523 Dolphin Terrace

City State Zip Code  
Corona Del Mar CA 92625-1733

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

Name of Employer SM&A Occupation Chairman & CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

Transaction ID: 51130.C5917

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Leonard Northcutt

Mailing Address P.O. Box 1506

City State Zip Code  
Enid OK 73702-0000

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

Name of Employer Northcutt Chevy Buick Toyota Occupation Auto Dealer

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 5

Transaction ID: 60104.C5953

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Oderman

Mailing Address 2561 Vista Drive

City State Zip Code  
Newport Beach CA 92663-0000

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

Name of Employer Rutan & Tucker, LLP Occupation Attorney

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 5

Transaction ID: 60104.C5966

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2850.00

**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 44 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Viola Panman

Mailing Address 1152 Calle Maria

City San Marcos State CA Zip Code 92069-0000

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

Name of Employer Occupation Homemaker

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 6 / 2 0 0 5

Transaction ID: 60104.C5980

Amount of Each Receipt this Period  
 50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Concerned Women PAC

Mailing Address P.O. Box 66680

City Washington State DC Zip Code 20035

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

Name of Employer Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Other

Election Cycle-to-Date ▼ 5139.50

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 6 / 2 0 0 5

Transaction ID: CM23060104.C5980

Amount of Each Receipt this Period  
 50.00

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

**C.** Full Name (Last, First, Middle Initial)  
Freeman Patten

Mailing Address 7350 Reserve Creek Drive

City Port Saint Lucie State FL Zip Code 34986-0000

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

Name of Employer Occupation Retired

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 9 / 2 0 0 5

Transaction ID: 60104.C6072

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<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 45 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Club For Growth PAC

Mailing Address 2001 L Street, NW, #600

City Washington State DC Zip Code 20036

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

Name of Employer  
Qualified Multi-Candidate Com.  
Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) Other

Election Cycle-to-Date 100302.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 5

Transaction ID: CM25760104.C6072

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Adam Probolsky

Mailing Address 23276 South Pointe Drive, Suite 20

City Laguna Hills State CA Zip Code 92653-0000

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

Name of Employer  
Probolsky Research  
Occupation  
President

Receipt For: 2005  
 Primary  General  
 Other (specify) Special Run Off 2005

Election Cycle-to-Date 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 5

Transaction ID: 60104.C5950

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1207 Oxford Lane

City Newport Beach State CA Zip Code 92660-0000

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

Name of Employer  
American Career College  
Occupation  
CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) Special Run Off 2005

Election Cycle-to-Date 3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 5

Transaction ID: 51123.C5858

Amount of Each Receipt this Period  
1000.00

Receipt  
 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 46 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kjell Qvale

Mailing Address 901 Van Ness Avenue

City State Zip Code  
San Francisco CA 94109

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

Name of Employer Occupation  
British Motor Car Dist Chairman

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 0 5

Transaction ID: 51129.C5872

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Adriana Ramirez

Mailing Address 15240 San Simon Lane

City State Zip Code  
La Mirada CA 90638-4753

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

Name of Employer Occupation  
Best Efforts Met

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 5

Transaction ID: 60104.C6063

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sheldon Razin

Mailing Address 1695 Viking Road

City State Zip Code  
Laguna Beach CA 92651-3246

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

Name of Employer Occupation  
Quality Systems, Inc. Board Chairman

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

Transaction ID: 51130.C5893

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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 47 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Doug Reinhart

Mailing Address 19 Hollinwood

City Irvine State CA Zip Code 92616-0000

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

Name of Employer IRWD Occupation Director

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 5

**Transaction ID:** 60104.C5944

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joan Riach

Mailing Address 940 Via Lido Nord

City Newport Beach State CA Zip Code 92663

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

Name of Employer Occupation Homemaker

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 8 / 2 0 0 5

**Transaction ID:** 51129.C5881

Amount of Each Receipt this Period  
 2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Riach Investments

Mailing Address 23480 Park Sorrento, #206B

City Calabasas State CA Zip Code 91302

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

Name of Employer Partners Requested Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 6 / 2 0 0 5

**Transaction ID:** 60104.C6066

Amount of Each Receipt this Period  
 2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4450.00</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 48 / 108
	<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Cynthia Rinehart</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 1811 La Cuesta Drive		<b>Transaction ID: 60104.C5971</b>	
City State Zip Code Santa Ana CA 92705-0000		Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005	Occupation Retired Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) <b>B. Cynthia Rinehart</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address 1811 La Cuesta Drive		<b>Transaction ID: 60104.C5972</b>	
City State Zip Code Santa Ana CA 92705-0000		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Occupation Retired Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C. David Rose</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 397 Red River Road		<b>Transaction ID: 51130.C5890</b>	
City State Zip Code Palm Desert CA 92211-0000		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Melrose Industries, Inc. Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Occupation Paper Sales Election Cycle-to-Date ▼ 1000.00		

<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: (check only one)	PAGE 49 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Anthony Russo

Mailing Address 2449 Highland Hills Drive

City State Zip Code  
El Dorado Hills CA 95762-0000

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

Name of Employer Occupation  
The Irvine Company Sr. Vice President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 5

**Transaction ID:** 60104.C6067

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Sandberg

Mailing Address 401 Signal Road

City State Zip Code  
Newport Beach CA 92663-0000

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

Name of Employer Occupation  
Sandberg Furniture Mfg. Executive

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 5

**Transaction ID:** 51130.C5901

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Peter Savage

Mailing Address 1301 Auto Center Drive

City State Zip Code  
Ontario CA 91761-0000

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

Name of Employer Occupation  
Savage BMW President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special Run Off  
2005

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 5

**Transaction ID:** 51130.C5916

Amount of Each Receipt this Period  
500.00

Receipt  
 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 50 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
John F. Schaefer

Mailing Address 2665 Riviera Drive

City Laguna Beach State CA Zip Code 92651-0000

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

Name of Employer Phase Metrics Occupation Manager

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 5

Transaction ID: 51202.C5926

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dennis Schwary

Mailing Address 755 Via Lido Soud

City Newport Beach State CA Zip Code 92663-5590

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

Name of Employer Smith Barney Occupation Management

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 8 / 2 0 0 5

Transaction ID: 51130.C5900

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sean K. Smith

Mailing Address 2355 Crenshaw Blvd, #200

City Torrance State CA Zip Code 90501-0000

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

Name of Employer Keenan & Associates Occupation CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 3 / 2 0 0 5

Transaction ID: 51123.C5854

Amount of Each Receipt this Period  
 250.00

Receipt  
 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 51 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Madison S. Spach, Jr.

Mailing Address 23861 Loon Circle

City Laguna Niguel State CA Zip Code 92677-0000

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

Name of Employer Spach Capaldi & Waggaman, LLP  
Occupation Attorney at Law

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 51202.C5932

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Miles Sterling

Mailing Address 14 San Simeon

City Laguna Niguel State CA Zip Code 92677-0000

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

Name of Employer  
Occupation Retired

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼

500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 8 / 2 0 0 5

Transaction ID: 51130.C5888

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
The Sterling Organization

Mailing Address 367 Genoa Lane 949

City Costa Mesa State CA Zip Code 92627-0000

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

Name of Employer Partners Under Threshold  
Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼

250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 5

Transaction ID: 60104.C5958

Amount of Each Receipt this Period  
 250.00

Receipt  
 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 52 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Charles M. Stockstill

Mailing Address P.O. Box 51551

City Irvine State CA Zip Code 92619-0000

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

Name of Employer Stockstill Communications Occupation Consultant

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 5

**Transaction ID:** 60104.C5947

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Timothy Strader, Jr.

Mailing Address 2024 Port Ramsgate Place

City Newport Beach State CA Zip Code 92660-0000

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

Name of Employer Ramsgate Properties Occupation Real Estate

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 5

**Transaction ID:** 60104.C5948

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Peer Swan

Mailing Address 7 Terraza Drive

City Newport Coast State CA Zip Code 92657-1510

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 5

**Transaction ID:** 60104.C5946

Amount of Each Receipt this Period  
 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 53 / 108
	<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)  
Campbell for Congress

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

Mailing Address 795 S. Dove Tree Lane

City State Zip Code  
Anaheim CA 92808-0000

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

Name of Employer Occupation  
Tait & Associates Businessman

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 5

**Transaction ID:** 60104.C6074

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
John Taylor, Jr.

Mailing Address P.O. Box 364

City State Zip Code  
Alexandria VA 22313-0000

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

Name of Employer Occupation  
Alexandria Toyota President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 5

**Transaction ID:** 60104.C6060

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Tracy Toyota

Mailing Address 2895 N. Naglee Road

City State Zip Code  
Tracy CA 95376-0000

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

Name of Employer Occupation  
Partners Requested

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 5

**Transaction ID:** 60104.C6051

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 54 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Max Vahid

Mailing Address 17801 Cartwright Road

City Irvine State CA Zip Code 92614

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

Name of Employer Van Dell & Associates, Inc.  
Occupation CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) Special Run Off 2005

Election Cycle-to-Date 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2005

Transaction ID: 51130.C5918

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Julie Vandermost

Mailing Address 2 Morning Dove

City Laguna Niguel State CA Zip Code 92677

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

Name of Employer Vandermost Consulting  
Occupation Consultant

Receipt For: 2005  
 Primary  General  
 Other (specify) Special Run Off 2005

Election Cycle-to-Date 2000.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2005

Transaction ID: 51202.C5929

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Morrie Wagener

Mailing Address 1420 Bohns Point Road

City Hopkins State MN Zip Code 55305-0000

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

Name of Employer Mories Automotive  
Occupation Auto Dealer

Receipt For: 2005  
 Primary  General  
 Other (specify) Special Run Off 2005

Election Cycle-to-Date 500.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2005

Transaction ID: 60104.C6056

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... **2000.00**

**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 55 / 108
	<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Jim Warmington		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 328 Buena Vista		Transaction ID: 51123.C5855	
City State Zip Code Newport Beach CA 92661-0000		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Warmington Homes	Occupation Home Builder		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jim Warmington, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address 37 Cape Andrew		Transaction ID: 51121.C5843	
City State Zip Code Newport Beach CA 92660-0000		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Warmington Group	Occupation Owner		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Russell Werdin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 4 / 2 0 0 5	
Mailing Address 4100 MacArthur Blvd, #310		Transaction ID: 60104.C5969	
City State Zip Code Newport Beach CA 92660		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Werdin Corporation	Occupation President/CEO		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Run Off 2005	Election Cycle-to-Date ▼ 750.00		

<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 56 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mark S. Wetterau

Mailing Address 19 Old Ranch Road

City Laguna Niguel State CA Zip Code 92677-0000

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

Name of Employer Golden State Foods Occupation CEO

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 3 / 2 0 0 5

**Transaction ID:** 51123.C5862

Amount of Each Receipt this Period  
 2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Matthew White

Mailing Address 7 Cape Danbury

City Newport Beach State CA Zip Code 92660-0000

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

Name of Employer Self Employed Occupation Home Builder

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special General 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 8 / 2 0 0 5

**Transaction ID:** 51129.C5887

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dennis Wilson

Mailing Address 17 Sea View Lane

City Newport Coast State CA Zip Code 92657-0000

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

Name of Employer Retired Occupation

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 1 / 2 0 0 5

**Transaction ID:** 51130.C5897

Amount of Each Receipt this Period  
 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3100.00**

**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 57 / 108
	<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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Bradley Withers

Mailing Address 21 Cedar Ridge

City Irvine State CA Zip Code 92603-3610

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

Name of Employer IRWD Occupation Director

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 5

Transaction ID: 60104.C5945

Amount of Each Receipt this Period  
 300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jay Witzling

Mailing Address 100 Capeberry

City Irvine State CA Zip Code 92603-0000

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

Name of Employer IT Services Occupation Aerospace Consultant

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 8 / 2 0 0 5

Transaction ID: 51130.C5889

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Daniel Young

Mailing Address 19 Madison Lane

City Coto de Caza State CA Zip Code 92679-0000

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

Name of Employer The Irvine Company Occupation Executive

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 6 / 2 0 0 5

Transaction ID: 60104.C6070

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<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 58 / 108
	(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)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Y. Michael Young

Mailing Address 5782 Southall Terrace

City Irvine State CA Zip Code 92612-0000

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

Name of Employer Integrated Env. Services Occupation Environment Consultant

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 0 6 / 2 0 0 5

**Transaction ID:** 60104.C6013

Amount of Each Receipt this Period  
 1200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mike Zelkind

Mailing Address 1 New Dawn

City Irvine State CA Zip Code 92620-0000

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

Name of Employer 99 Only Stores Occupation Executive Vice President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special Run Off 2005

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 8 / 2 0 0 5

**Transaction ID:** 51130.C5891

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	106995.62

**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 59 / 108
	<input 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 checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Campbell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joes Garage

Mailing Address 36 Auto Center Drive

City Tustin      State CA      Zip Code 92782-

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

Name of Employer      Occupation

Receipt For: 2005  
 Primary    General  
 Other (specify) ▼  
 Special General  
 2005

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 0 4 / 2 0 0 5

Transaction ID: 60104.C5941

Amount of Each Receipt this Period  
1000.00

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

NOTE: Deposit Reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

# 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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. All Star Photographics, Inc.</b>		<b>Transaction ID:</b> 60104.E3530 Date of Disbursement 12 / 22 / 2005
Mailing Address 12 Redhawk Street		Amount of Each Disbursement this Period 996.69
City Irvine State CA Zip Code 92604-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER PHOTOGRAPHY	Candidate Name	FUNDRAISER PHOTOGRAPHY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Avalon Tent &amp; Party</b>		<b>Transaction ID:</b> 60104.E3488 Date of Disbursement 12 / 04 / 2005
Mailing Address 20111 Ellipse		Amount of Each Disbursement this Period 2455.45
City Foothill Ranch State CA Zip Code 92610-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER EQUIPMENT RENTAL	Candidate Name	FUNDRAISER EQUIPMENT RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Balboa Bay Club</b>		<b>Transaction ID:</b> 60104.E3515 Date of Disbursement 12 / 22 / 2005
Mailing Address 1221 W. Coast Highway, #145		Amount of Each Disbursement this Period 658.60
City Newport Beach State CA Zip Code 92663-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER PARKING	Candidate Name	FUNDRAISER PARKING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4110.74</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Balboa Bay Club</b>		Transaction ID: 60104.E3514 Date of Disbursement 12 / 22 / 2005
Mailing Address 1221 W. Coast Highway, #145		Amount of Each Disbursement this Period 4051.62
City Newport Beach State CA Zip Code 92663-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DEBT PAYMENT- FUNDRAISER CATERING		DEBT PAYMENT- FUNDRAISER CATERING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Peter Christianson</b>		Transaction ID: 60104.E3504 Date of Disbursement 12 / 13 / 2005
Mailing Address 201 Bay Shore Avenue, #307		Amount of Each Disbursement this Period 233.35
City Long Beach State CA Zip Code 90803-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSE PARTY EXPENSE: SEE BELOW		REIMBURSE PARTY EXPENSE: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Trader Joes</b>		Transaction ID: 60104.E3505 Date of Disbursement 12 / 13 / 2005
Mailing Address 4121 Atlantic Avenue		Amount of Each Disbursement this Period 233.35
City Long Beach State CA Zip Code 90807-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VICTORY PARTY SUPPLIES		<b>[MEMO ITEM]</b> MEMO: VICTORY PARTY SUPPLIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4284.97</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID:</b> 60104.E3490 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 5
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 62.75
City Los Angeles State CA Zip Code 90060-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE	Candidate Name	CELLULAR PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID:</b> 60104.E3508 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 125.51
City Los Angeles State CA Zip Code 90060-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE	Candidate Name	CELLULAR PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cox Communications</b>		<b>Transaction ID:</b> 60104.E3510 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address P.O. Box 37234		Amount of Each Disbursement this Period 226.24
City Baltimore State MD Zip Code 21297-3234	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICE PROVIDER	Candidate Name	INTERNET SERVICE PROVIDER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	414.50
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. En-Vision Productions, Inc.</b>		<b>Transaction ID:</b> 60104.E3499 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address 23151 Alcaide Drive, #B5		Amount of Each Disbursement this Period 799.00
City Laguna Hills State CA Zip Code 92653-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER SOUND SYSTEM	Candidate Name	FUNDRAISER SOUND SYSTEM
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jaylene Farry, TIE Productions</b>		<b>Transaction ID:</b> 60104.E3519 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 11442 Ann Arbor Lane		Amount of Each Disbursement this Period 5000.00
City San Diego State CA Zip Code 92131-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	Candidate Name	CAMPAIGN SUPPORT SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID:</b> 60104.E3489 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 5
Mailing Address P.O. Box 1140 Dept. A		Amount of Each Disbursement this Period 123.04
City Memphis State TN Zip Code 38194-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING	Candidate Name	SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5922.04
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Transaction ID: 60104.E3600 Date of Disbursement 12 / 21 / 2005
Mailing Address P.O. Box 1140 Dept. A		Amount of Each Disbursement this Period 278.78
City Memphis State TN Zip Code 38194-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING Candidate Name	Category/Type	SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dan Franklin Music</b>		Transaction ID: 60104.E3601 Date of Disbursement 12 / 21 / 2005
Mailing Address 4072 Old Mill Street		Amount of Each Disbursement this Period 500.00
City Irvine State CA Zip Code 92604-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER MUSIC Candidate Name	Category/Type	FUNDRAISER MUSIC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Harold Furman</b>		Transaction ID: 51205.C59381K Date of Disbursement 12 / 04 / 2005
Mailing Address 1750 H Street, NW, #600		Amount of Each Disbursement this Period 1833.93
City Washington State DC Zip Code 20006-4695	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISER CATERING Candidate Name	Category/Type	IN KIND: FUNDRAISER CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2612.71
<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)  
Campbell for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gilliard, Blanning &amp; Associates</p> <p>Mailing Address 921 11th Street, #400</p> <p>City Sacramento State CA Zip Code 95814-0000</p> <p>Purpose of Disbursement MEDIA AD PRODUCTION: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60104.E3493</p> <p>Date of Disbursement 12 / 04 / 2005</p> <p>Amount of Each Disbursement this Period 5036.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MEDIA AD PRODUCTION: SEE BELOW</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gilliard, Blanning &amp; Associates</p> <p>Mailing Address 921 11th Street, #400</p> <p>City Sacramento State CA Zip Code 95814-0000</p> <p>Purpose of Disbursement DEBT PAYMENT-MAIL DESIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60104.E3521</p> <p>Date of Disbursement 12 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 3025.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DEBT PAYMENT-MAIL DESIGN</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gilliard, Blanning &amp; Associates</p> <p>Mailing Address 921 11th Street, #400</p> <p>City Sacramento State CA Zip Code 95814-0000</p> <p>Purpose of Disbursement RADIO PRODUCTION: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60104.E3522</p> <p>Date of Disbursement 12 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 798.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RADIO PRODUCTION: SEE BELOW</p>

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

8859.28

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 108

<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Studio Z</b>		Transaction ID: 60104.E3523 Date of Disbursement 12 / 22 / 2005	
Mailing Address 1030 48th Street		Amount of Each Disbursement this Period 798.28	
City Sacramento State CA Zip Code 95819-	Purpose of Disbursement MEDIA AD PRODUCTION Candidate Name	Category/ Type	<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 State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: MEDIA AD PRODUCTION	

Full Name (Last, First, Middle Initial) <b>B. Gilliard, Blanning &amp; Associates</b>		Transaction ID: 60104.E3520 Date of Disbursement 12 / 22 / 2005	
Mailing Address 921 11th Street, #400		Amount of Each Disbursement this Period 5961.86	
City Sacramento State CA Zip Code 95814-0000	Purpose of Disbursement DEBT PAYMENT-CAMPAIGN EXPENSES Candidate Name	Category/ Type	<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 State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		DEBT PAYMENT-CAMPAIGN EXP- ENSES	

Full Name (Last, First, Middle Initial) <b>C. IKON Management</b>		Transaction ID: 60104.E3496 Date of Disbursement 12 / 04 / 2005	
Mailing Address PO Box 198727		Amount of Each Disbursement this Period 2077.88	
City Atlanta State GA Zip Code 30384-0000	Purpose of Disbursement DEBT PAYMENT-OFFICE EQUIPMENT Candidate Name	Category/ Type	<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 State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		DEBT PAYMENT-OFFICE EQUIP- MENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8039.74</b>
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Greer E. Illingsworth</b>		<b>Transaction ID: 60104.E3467</b> Date of Disbursement 11 / 30 / 2005	
Mailing Address 6 Rimrock		Amount of Each Disbursement this Period 1250.00	
City Irvine State CA Zip Code 92612-0000	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN SUPPORT SERVICES	

Full Name (Last, First, Middle Initial) <b>B. Greer E. Illingsworth</b>		<b>Transaction ID: 60104.E3541</b> Date of Disbursement 12 / 20 / 2005	
Mailing Address 6 Rimrock		Amount of Each Disbursement this Period 38.42	
City Irvine State CA Zip Code 92612-0000	Purpose of Disbursement REIMBURSE MILEAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE MILEAGE	

Full Name (Last, First, Middle Initial) <b>C. Greer E. Illingsworth</b>		<b>Transaction ID: 60104.E3512</b> Date of Disbursement 12 / 20 / 2005	
Mailing Address 6 Rimrock		Amount of Each Disbursement this Period 370.56	
City Irvine State CA Zip Code 92612-0000	Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE CAMPAIGN EXP: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1658.98
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial)		Transaction ID: 60104.E3551																					
A. Misc. Expenses Under Threshold		Date of Disbursement																					
Mailing Address Vendors Total are Under \$200		<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>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		2	0		2	0	0	5														
City Irvine	State CA	Zip Code 92616-	Amount of Each Disbursement this Period																				
Purpose of Disbursement MISC. CAMPAIGN EXPENSES UNDER \$200			247.79																				
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>																				
State: District:			MEMO: MISC. CAMPAIGN EXPENSES UNDER \$200																				

Full Name (Last, First, Middle Initial)		Transaction ID: 60104.E3549																					
B. Office Depot		Date of Disbursement																					
Mailing Address 2747 Campus Drive		<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>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		2	0		2	0	0	5														
City Irvine	State CA	Zip Code 92603-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES			21.55																				
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>																				
State: District:			MEMO: OFFICE SUPPLIES																				

Full Name (Last, First, Middle Initial)		Transaction ID: 60104.E3543																					
C. Staples		Date of Disbursement																					
Mailing Address 4343 MacArthur Blvd.		<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>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		2	0		2	0	0	5														
City Newport Beach	State CA	Zip Code 92660-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES			101.22																				
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>																				
State: District:			MEMO: OFFICE SUPPLIES																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	0.00
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Greer E. Illingsworth</b>		<b>Transaction ID: 60104.E3511</b> Date of Disbursement 12 / 20 / 2005	
Mailing Address 6 Rimrock		Amount of Each Disbursement this Period 726.00	
City Irvine State CA Zip Code 92612-0000	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES Candidate Name Category/Type	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CAMPAIGN SUPPORT SERVICES	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Issa For Congress</b>		<b>Transaction ID: 60104.C6107IK</b> Date of Disbursement 12 / 07 / 2005	
Mailing Address P.O. Box 760		Amount of Each Disbursement this Period 665.90	
City Vista State CA Zip Code 92085-0000	Purpose of Disbursement INKIND:CAMPAIGN LODGING EXPENS Candidate Name Category/Type	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		IN KIND: INKIND:CAMPAIGN LODGING EXPENS	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Rande Johnsen</b>		<b>Transaction ID: 60104.C6108IK</b> Date of Disbursement 12 / 07 / 2005	
Mailing Address 19642 County Lane		Amount of Each Disbursement this Period 1036.69	
City Santa Ana State CA Zip Code 92705-0000	Purpose of Disbursement INKIND:LUNCHEON FOR VOLUNTEERS Candidate Name Category/Type	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		IN KIND: INKIND:LUNCHEON FOR VOLUNTEERS	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2428.59</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Keelen Communications, Inc.</b>		<b>Transaction ID:</b> 60104.E3610 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period 14835.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington	State VA	
Zip Code 22202-0000		FUNDRAISING FEE
Purpose of Disbursement FUNDRAISING FEE	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Keelen Communications, Inc.</b>		<b>Transaction ID:</b> 60104.E3516 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period 7070.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington	State VA	
Zip Code 22202-0000		FUNDRAISING FEE
Purpose of Disbursement FUNDRAISING FEE	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Andrew Kiefer</b>		<b>Transaction ID:</b> 60104.E3497 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 5
Mailing Address 1512 13th Street, #4		Amount of Each Disbursement this Period 950.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento	State CA	
Zip Code 95814-		CAMPAIGN SUPPORT SERVICES
Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	22855.00
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Andrew Kiefer</b>		Transaction ID: 60104.E3501 Date of Disbursement 12 / 13 / 2005
Mailing Address 1512 13th Street, #4		Amount of Each Disbursement this Period 1679.00
City Sacramento State CA Zip Code 95814-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN SUPPORT SERVICES		CAMPAIGN SUPPORT SERVICES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Andrew Kiefer</b>		Transaction ID: 60104.E3502 Date of Disbursement 12 / 13 / 2005
Mailing Address 1512 13th Street, #4		Amount of Each Disbursement this Period 262.87
City Sacramento State CA Zip Code 95814-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW		REIMBURSE CAMPAIGN EXP: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Misc. Expenses Under Threshold</b>		Transaction ID: 60104.E3587 Date of Disbursement 12 / 13 / 2005
Mailing Address Vendors Total are Under \$200		Amount of Each Disbursement this Period 409.11
City Irvine State CA Zip Code 92616-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MISC. CAMPAIGN EXPENSES UNDER \$200		[MEMO ITEM] MEMO: MISC. CAMPAIGN EXPENSES UNDER \$200
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1941.87
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Ralphs</b>		Transaction ID: 60104.E3585 Date of Disbursement 12 / 13 / 2005
Mailing Address 17605 Harvard Avenue		Amount of Each Disbursement this Period 46.03
City Irvine State CA Zip Code 92614-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD FOR VOLUNTEERS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FOOD FOR VOLUNTEERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Round Table</b>		Transaction ID: 60104.E3584 Date of Disbursement 12 / 13 / 2005
Mailing Address 3953 Irvine Blvd		Amount of Each Disbursement this Period 107.73
City Irvine State CA Zip Code 92602-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD FOR VOLUNTEERS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FOOD FOR VOLUNTEERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary MacLean</b>		Transaction ID: 60104.E3466 Date of Disbursement 11 / 30 / 2005
Mailing Address 1248 Irvine Avenue		Amount of Each Disbursement this Period 1250.00
City Newport Beach State CA Zip Code 92660-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	Candidate Name	CAMPAIGN SUPPORT SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary MacLean</b>		<b>Transaction ID:</b> 60130.E3660 Date of Disbursement 12 / 03 / 2005	
Mailing Address 1248 Irvine Avenue		Amount of Each Disbursement this Period 484.00	
City Newport Beach State CA Zip Code 92660-0000	Purpose of Disbursement CAMPAIGN SUPPORT SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN SUPPORT SERVICE	

Full Name (Last, First, Middle Initial) <b>B. Ms. Mary MacLean</b>		<b>Transaction ID:</b> 60104.E3571 Date of Disbursement 12 / 05 / 2005	
Mailing Address 1248 Irvine Avenue		Amount of Each Disbursement this Period 8.40	
City Newport Beach State CA Zip Code 92660-0000	Purpose of Disbursement REIMBURSE MILEAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE MILEAGE	

Full Name (Last, First, Middle Initial) <b>C. Ms. Mary MacLean</b>		<b>Transaction ID:</b> 60104.E3570 Date of Disbursement 12 / 05 / 2005	
Mailing Address 1248 Irvine Avenue		Amount of Each Disbursement this Period 164.27	
City Newport Beach State CA Zip Code 92660-0000	Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE CAMPAIGN EXP: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	656.67
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Misc. Expenses Under Threshold</b>		<b>Transaction ID:</b> 60104.E3578																					
Mailing Address Vendors Total are Under \$200		Date of Disbursement																					
City Irvine State CA Zip Code 92616-		<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>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	5		2	0	0	5														
Purpose of Disbursement MISC. CAMPAIGN EXPENSES UNDER \$200		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">86.42</td> </tr> </table>		86.42																			
86.42																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MISC. CAMPAIGN EXPENSES UNDER \$200																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. Ralphs</b>		<b>Transaction ID:</b> 60104.E3574																					
Mailing Address 17605 Harvard Avenue		Date of Disbursement																					
City Irvine State CA Zip Code 92614-0000		<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>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	5		2	0	0	5														
Purpose of Disbursement FOOD FOR VOLUNTEERS		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">64.92</td> </tr> </table>		64.92																			
64.92																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FOOD FOR VOLUNTEERS																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																							

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		<b>Transaction ID:</b> 60104.E3573																					
Mailing Address 4343 MacArthur Blvd.		Date of Disbursement																					
City Newport Beach State CA Zip Code 92660-0000		<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>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	5		2	0	0	5														
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">12.93</td> </tr> </table>		12.93																			
12.93																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. The Monaco Group, Inc.</b>		<b>Transaction ID:</b> 51122.E3340 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 7215.00
City Placentia State CA Zip Code 92870-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE: SEE BELOW	Candidate Name	POSTAGE: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. USPO- Placentia</b>		<b>Transaction ID:</b> 51122.E3341 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 1400 N Kraemer		Amount of Each Disbursement this Period 7215.00
City Placentia State CA Zip Code 92870-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Monaco Group, Inc.</b>		<b>Transaction ID:</b> 60104.E3461 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 9010.00
City Placentia State CA Zip Code 92870-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE: SEE BELOW	Candidate Name	POSTAGE: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16225.00
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. USPO- Placentia</b>		Transaction ID: 60104.E3462 Date of Disbursement 11 / 23 / 2005
Mailing Address 1400 N Kraemer		Amount of Each Disbursement this Period 9010.00
City Placentia State CA Zip Code 92870-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Monaco Group, Inc.</b>		Transaction ID: 60104.E3468 Date of Disbursement 12 / 01 / 2005
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 9262.67
City Placentia State CA Zip Code 92870-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING AND MAILING - DEBT PMT	Candidate Name	PRINTING AND MAILING - DEBT PMT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Monaco Group, Inc.</b>		Transaction ID: 60104.E3469 Date of Disbursement 12 / 01 / 2005
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 5850.00
City Placentia State CA Zip Code 92870-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE: SEE BELOW	Candidate Name	POSTAGE: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15112.67
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. USPO- Placentia</b>		Transaction ID: 60104.E3470 Date of Disbursement 12 / 01 / 2005	
Mailing Address 1400 N Kraemer		Amount of Each Disbursement this Period 5850.00	
City Placentia State CA Zip Code 92870-0000	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) <b>B. The Monaco Group, Inc.</b>		Transaction ID: 60105.E3633 Date of Disbursement 12 / 01 / 2005	
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 6128.62	
City Placentia State CA Zip Code 92870-0000	Purpose of Disbursement PRINTING AND MAILING -DEBT PMT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING AND MAILING -DEBT PMT	

Full Name (Last, First, Middle Initial) <b>C. The Monaco Group, Inc.</b>		Transaction ID: 60105.E3634 Date of Disbursement 12 / 01 / 2005	
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 2035.08	
City Placentia State CA Zip Code 92870-0000	Purpose of Disbursement PRINTING AND MAILING - DEBT PMT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING AND MAILING - DEBT PMT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8163.70
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. The Monaco Group, Inc.</b>		<b>Transaction ID:</b> 60105.E3635 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 7542.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Placentia State CA Zip Code 92870-0000		
Purpose of Disbursement PRINTING AND MAILING - DEBT PMT		PRINTING AND MAILING - DEBT PMT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Monaco Group, Inc.</b>		<b>Transaction ID:</b> 60104.E3527 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 19127.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Placentia State CA Zip Code 92870-0000		
Purpose of Disbursement PRINTING & MAIL PROCESSING		PRINTING & MAIL PROCESSING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Monaco Group, Inc.</b>		<b>Transaction ID:</b> 60104.E3528 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 1000 Ortega Way, Bldg C		Amount of Each Disbursement this Period 1251.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Placentia State CA Zip Code 92870-0000		
Purpose of Disbursement POSTAGE: SEE BELOW		POSTAGE: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	27922.04
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. USPO- Placentia</b>		<b>Transaction ID:</b> 60104.E3529 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 1400 N Kraemer		Amount of Each Disbursement this Period 1251.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Placentia State CA Zip Code 92870-0000	<input type="checkbox"/> Category/Type	
Purpose of Disbursement POSTAGE		<b>[MEMO ITEM]</b> MEMO: POSTAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sara Myers</b>		<b>Transaction ID:</b> 60104.E3536 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 201 Bay Shore Avenue, #307		Amount of Each Disbursement this Period 296.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Long Beach State CA Zip Code 90803-0000	<input type="checkbox"/> Category/Type	
Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW		REIMBURSE CAMPAIGN EXP: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Costco</b>		<b>Transaction ID:</b> 60104.E3538 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 115 Technology Drive		Amount of Each Disbursement this Period 146.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irvine State CA Zip Code 92618-0000	<input type="checkbox"/> Category/Type	
Purpose of Disbursement ELECTION NIGHT SUPPLIES		<b>[MEMO ITEM]</b> MEMO: ELECTION NIGHT SUPPLIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	296.41
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 60104.E3537 Date of Disbursement 12 / 22 / 2005	
Mailing Address 4343 MacArthur Blvd.		Amount of Each Disbursement this Period 150.02	
City Newport Beach State CA Zip Code 92660-0000	Purpose of Disbursement FUNDRAISER PRINTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUNDRAISER PRINTING	

Full Name (Last, First, Middle Initial) <b>B. Ms. Sara Myers</b>		Transaction ID: 60104.E3534 Date of Disbursement 12 / 22 / 2005	
Mailing Address 201 Bay Shore Avenue, #307		Amount of Each Disbursement this Period 10000.00	
City Long Beach State CA Zip Code 90803-0000	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN SUPPORT SERVICES	

Full Name (Last, First, Middle Initial) <b>C. Ms. Sara Myers</b>		Transaction ID: 60104.E3531 Date of Disbursement 12 / 22 / 2005	
Mailing Address 201 Bay Shore Avenue, #307		Amount of Each Disbursement this Period 8803.77	
City Long Beach State CA Zip Code 90803-0000	Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE CAMPAIGN EXP: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18803.77
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. 24 Carrots</b>		Transaction ID: 60104.E3595 Date of Disbursement 12 / 22 / 2005	
Mailing Address		Amount of Each Disbursement this Period	
City: Garden Grove      State: CA      Zip Code: 92841-0000		6669.94	
Purpose of Disbursement: FUNDRAISER CATERING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/> [MEMO ITEM] MEMO: FUNDRAISER CATERING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:      District:			

Full Name (Last, First, Middle Initial) <b>B. Balboa Bay Club</b>		Transaction ID: 60104.E3593 Date of Disbursement 12 / 22 / 2005	
Mailing Address      1221 W. Coast Highway, #145		Amount of Each Disbursement this Period	
City: Newport Beach      State: CA      Zip Code: 92663-0000		20.00	
Purpose of Disbursement: FUNDRAISER PARKING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/> [MEMO ITEM] MEMO: FUNDRAISER PARKING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:      District:			

Full Name (Last, First, Middle Initial) <b>C. Fed Ex Kinkos</b>		Transaction ID: 60104.E3590 Date of Disbursement 12 / 22 / 2005	
Mailing Address      230 Newport Center Drive, #100		Amount of Each Disbursement this Period	
City: Newport Beach      State: CA      Zip Code: 92660-0000		281.71	
Purpose of Disbursement: FUNDRAISER PRINTING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/> [MEMO ITEM] MEMO: FUNDRAISER PRINTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:      District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Merci Bouquet</b>		Transaction ID: 60104.E3591 Date of Disbursement 12 / 22 / 2005	
Mailing Address 365 Old Newport Blvd.		Amount of Each Disbursement this Period 770.02	
City Newport Beach State CA Zip Code 92663-0000	Purpose of Disbursement FUNDRAISER FLOWERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUNDRAISER FLOWERS	

Full Name (Last, First, Middle Initial) <b>B. Misc. Expenses Under Threshold</b>		Transaction ID: 60104.E3599 Date of Disbursement 12 / 22 / 2005	
Mailing Address Vendors Total are Under \$200		Amount of Each Disbursement this Period 242.58	
City Irvine State CA Zip Code 92616-	Purpose of Disbursement MISC. FUNDRAISER EXPENSES UNDER \$20	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MISC. FUNDRAISER EXPENSES UNDER \$20	

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		Transaction ID: 60104.E3592 Date of Disbursement 12 / 22 / 2005	
Mailing Address 2747 Campus Drive		Amount of Each Disbursement this Period 66.45	
City Irvine State CA Zip Code 92603-0000	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 60104.E3589 Date of Disbursement 12 / 22 / 2005	
Mailing Address 4343 MacArthur Blvd.		Amount of Each Disbursement this Period 258.25	
City Newport Beach State CA Zip Code 92660-0000	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. USPO-Newport Beach</b>		Transaction ID: 60104.E3588 Date of Disbursement 12 / 22 / 2005	
Mailing Address 1133 Camelback Street		Amount of Each Disbursement this Period 494.82	
City Newport Beach State CA Zip Code 92658-0000	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) <b>C. Chris Palmer</b>		Transaction ID: 60104.E3465 Date of Disbursement 11 / 30 / 2005	
Mailing Address 1760 Missouri Street		Amount of Each Disbursement this Period 2000.00	
City Costa Mesa State CA Zip Code 92626-0000	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN SUPPORT SERVICES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Chris Palmer</b>		Transaction ID: 60104.E3500 Date of Disbursement 12 / 13 / 2005
Mailing Address 1760 Missouri Street		Amount of Each Disbursement this Period 774.00
City Costa Mesa      State CA      Zip Code 92626-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>CAMPAIGN SUPPORT SERVICES</b>	
Purpose of Disbursement CAMPAIGN SUPPORT SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

Full Name (Last, First, Middle Initial) <b>B. Chris Palmer</b>		Transaction ID: 60104.E3503 Date of Disbursement 12 / 13 / 2005
Mailing Address 1760 Missouri Street		Amount of Each Disbursement this Period 534.56
City Costa Mesa      State CA      Zip Code 92626-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>REIMBURSE CAMPAIGN EXP: SEE BELOW</b>	
Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

Full Name (Last, First, Middle Initial) <b>C. Misc. Expenses Under Threshold</b>		Transaction ID: 60104.E3560 Date of Disbursement 12 / 13 / 2005
Mailing Address Vendors Total are Under \$200		Amount of Each Disbursement this Period 192.38
City Irvine      State CA      Zip Code 92616-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: MISC. CAMPAIGN EXPENSES UNDER \$200	
Purpose of Disbursement MISC. CAMPAIGN EXPENSES UNDER \$200		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1308.56</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Orange County Registrar of Voters</b>		<b>Transaction ID:</b> 60104.E3555 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 1300 South Grand Avenue, Bldg C		Amount of Each Disbursement this Period 203.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Santa Ana State CA Zip Code 92705-0000	Purpose of Disbursement DATA FILES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: DATA FILES

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID:</b> 60104.E3554 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 4343 MacArthur Blvd.		Amount of Each Disbursement this Period 64.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newport Beach State CA Zip Code 92660-0000	Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. USPO - Irvine</b>		<b>Transaction ID:</b> 60104.E3552 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 4255 Campus Drive, Suite A-100		Amount of Each Disbursement this Period 74.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Irvine State CA Zip Code 92616-0000	Purpose of Disbursement POSTAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: POSTAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Political Data Inc.</b>		<b>Transaction ID:</b> 60104.E3485 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 5
Mailing Address P.O. Box 1706		Amount of Each Disbursement this Period 581.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burbank State CA Zip Code 91507-	DEB PAYMENT-MAILING LISTS DEB PAYMENT-MAILING LISTS	
Purpose of Disbursement DEB PAYMENT-MAILING LISTS	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Political Data Inc.</b>		<b>Transaction ID:</b> 60104.E3484 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 5
Mailing Address P.O. Box 1706		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burbank State CA Zip Code 91507-	DEBT PAYMENT-SOFTWARE UPDATE DEBT PAYMENT-SOFTWARE UPD-ATE	
Purpose of Disbursement DEBT PAYMENT-SOFTWARE UPDATE	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Political Data Inc.</b>		<b>Transaction ID:</b> 60104.E3486 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 5
Mailing Address P.O. Box 1706		Amount of Each Disbursement this Period 613.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burbank State CA Zip Code 91507-	DEBT PAYMENT- MAILING LIST DEBT PAYMENT- MAILING LIST	
Purpose of Disbursement DEBT PAYMENT- MAILING LIST	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1495.12
<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)  
Campbell for Congress

<p><b>A. Political Data Inc.</b></p> <p>Full Name (Last, First, Middle Initial) Political Data Inc.</p> <p>Mailing Address P.O. Box 1706</p> <p>City Burbank State CA Zip Code 91507-</p> <p>Purpose of Disbursement MAILING LIST &amp; DATA FILES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60104.E3487</p> <p>Date of Disbursement 12 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 5452.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MAILING LIST &amp; DATA FILES</p>
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<p><b>B. Political Data Inc.</b></p> <p>Full Name (Last, First, Middle Initial) Political Data Inc.</p> <p>Mailing Address P.O. Box 1706</p> <p>City Burbank State CA Zip Code 91507-</p> <p>Purpose of Disbursement PHONE FILE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60104.E3518</p> <p>Date of Disbursement 12 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 517.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE FILE</p>
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<p><b>C. Posh Events</b></p> <p>Full Name (Last, First, Middle Initial) Posh Events</p> <p>Mailing Address 1248 Irvine Avenue</p> <p>City Newport Beach State CA Zip Code 92660-0000</p> <p>Purpose of Disbursement VICTORY PARTY FOOD &amp; DECORATIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60104.E3506</p> <p>Date of Disbursement 12 / 13 / 2005</p> <p>Amount of Each Disbursement this Period 967.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>VICTORY PARTY FOOD &amp; DECORATIONS</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>6937.58</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Premier Business Centers</b>		Transaction ID: 60104.E3498 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address 4199 Campus Drive, #550		Amount of Each Disbursement this Period 180.37	
City Irvine State CA Zip Code 92612-0000	Purpose of Disbursement CAMPAIGN SUPPORT SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	CAMPAIGN SUPPORT SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. St. Regis Monarch Beach Resort</b>		Transaction ID: 60104.E3609 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 1 Monarch Beach Resort		Amount of Each Disbursement this Period 379.09	
City Dana Point State CA Zip Code 92629-0000	Purpose of Disbursement AUDIO VISUAL EQUIP. FOR FUNDRAISER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	AUDIO VISUAL EQUIP. FOR FUNDRAISER	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. St. Regis Monarch Beach Resort</b>		Transaction ID: 60104.E3608 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 1 Monarch Beach Resort		Amount of Each Disbursement this Period 4128.70	
City Dana Point State CA Zip Code 92629-0000	Purpose of Disbursement FUNDRAISING CATERING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	FUNDRAISING CATERING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4688.16
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Strategic Media Group</b>		<b>Transaction ID:</b> 60104.E3492 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 5
Mailing Address 908 Pennsylvania Blvd		Amount of Each Disbursement this Period 553.75
City Washington State DC Zip Code 20003-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VIDEO SHOOT Candidate Name	Category/Type	VIDEO SHOOT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jim Terry</b>		<b>Transaction ID:</b> 60104.E3464 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address P.O. Box 7033		Amount of Each Disbursement this Period 4250.00
City Newport Beach State CA Zip Code 92658-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN SUPPORT SERVICES Candidate Name	Category/Type	CAMPAIGN SUPPORT SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jim Terry</b>		<b>Transaction ID:</b> 60104.E3540 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address P.O. Box 7033		Amount of Each Disbursement this Period 1645.00
City Newport Beach State CA Zip Code 92658-0000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN SUPPORT SERVICES Candidate Name	Category/Type	CAMPAIGN SUPPORT SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6448.75
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Mr. Jim Terry</b>		<b>Transaction ID:</b> 60104.E3565 Date of Disbursement 12 / 06 / 2005	
Mailing Address P.O. Box 7033		Amount of Each Disbursement this Period 141.32	
City Newport Beach State CA Zip Code 92658-0000	Purpose of Disbursement REIMBURSE CAMPAIGN EXP: SEE BELOW	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>REIMBURSE CAMPAIGN EXP: SEE BELOW</b>	

Full Name (Last, First, Middle Initial) <b>B. Misc. Expenses Under Threshold</b>		<b>Transaction ID:</b> 60104.E3569 Date of Disbursement 12 / 06 / 2005	
Mailing Address Vendors Total are Under \$200		Amount of Each Disbursement this Period 19.55	
City Irvine State CA Zip Code 92616-	Purpose of Disbursement MISC. CAMPAIGN EXPENSES UNDER \$200	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MISC. CAMPAIGN EXPENSES UNDER \$200	

Full Name (Last, First, Middle Initial) <b>C. Ralphs</b>		<b>Transaction ID:</b> 60104.E3567 Date of Disbursement 12 / 06 / 2005	
Mailing Address 17605 Harvard Avenue		Amount of Each Disbursement this Period 100.22	
City Irvine State CA Zip Code 92614-0000	Purpose of Disbursement FOOD FOR VOLUNTEERS	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FOOD FOR VOLUNTEERS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	141.32
<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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 60104.E3566 Date of Disbursement 12 / 06 / 2005	
Mailing Address 4343 MacArthur Blvd.		Amount of Each Disbursement this Period 21.55	
City Newport Beach State CA Zip Code 92660-0000	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. The KAL Group</b>		Transaction ID: 60104.E3517 Date of Disbursement 12 / 22 / 2005	
Mailing Address 976 Pacific Avenue		Amount of Each Disbursement this Period 1741.67	
City Willows State CA Zip Code 95988-0000	Purpose of Disbursement BOOKKEEPING & REPORTING SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOOKKEEPING & REPORTING SERVICES	

Full Name (Last, First, Middle Initial) <b>C. Philip Tirone</b>		Transaction ID: 60104.E3532 Date of Disbursement 12 / 22 / 2005	
Mailing Address 1401 Ocean Avenue, Suite 210		Amount of Each Disbursement this Period 1286.67	
City Santa Monica State CA Zip Code 90401-0000	Purpose of Disbursement REIMBURSE FUNDRAISER EXP: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE FUNDRAISER EXP: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3028.34</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

<input 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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. The Regency Club</b>		<b>Transaction ID:</b> 60104.E3533	
Mailing Address 10900 Wilshire Blvd., #1700		Date of Disbursement 12 / 22 / 2005	
City Los Angeles	State CA	Zip Code 90024-0000	Amount of Each Disbursement this Period 1286.67
Purpose of Disbursement FUNDRAISER CATERING		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: FUNDRAISER CATERING
State: District:			

Full Name (Last, First, Middle Initial) <b>B. USPO - Irvine</b>		<b>Transaction ID:</b> 60130.E3659	
Mailing Address 4255 Campus Drive, Suite A-100		Date of Disbursement 12 / 03 / 2005	
City Irvine	State CA	Zip Code 92616-0000	Amount of Each Disbursement this Period 518.00
Purpose of Disbursement POSTAGE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		POSTAGE
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo Bank</b>		<b>Transaction ID:</b> 60104.E3607	
Mailing Address 4590 MacArthur Blvd.		Date of Disbursement 11 / 30 / 2005	
City Newport Beach	State CA	Zip Code 92660-	Amount of Each Disbursement this Period 7.00
Purpose of Disbursement BANK FEES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		BANK FEES
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>525.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Campbell for Congress

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Transaction ID: 60104.E3606 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 4590 MacArthur Blvd.		Amount of Each Disbursement this Period 35.70
City Newport Beach State CA Zip Code 92660-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEES	Category/ Type	BANK FEES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo Card Services</b>		Transaction ID: 60104.E3491 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 5
Mailing Address P.O. Box 30086		Amount of Each Disbursement this Period 3916.74
City Los Angeles State CA Zip Code 90030-0086	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW	Category/ Type	CREDIT CARD PAYMENT: SEE BELOW
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Misc. Expenses Under Threshold</b>		Transaction ID: 60104.E3564 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 5
Mailing Address Vendors Total are Under \$200		Amount of Each Disbursement this Period 25.00
City Irvine State CA Zip Code 92616-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MISC. CAMPAIGN EXPENSES UNDER \$200	Category/ Type	<b>[MEMO ITEM]</b> MEMO: MISC. CAMPAIGN EXPENSES UNDER \$200
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3952.44
<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)  
Campbell for Congress

**A.** Soiree Catering

Full Name (Last, First, Middle Initial)

Mailing Address 3019 S. Bristol Street

City Santa Ana State CA Zip Code 92704-0000

Purpose of Disbursement FUNDRAISER CATERING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 60104.E3562  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	5

Amount of Each Disbursement this Period

1673.33
---------

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

**[MEMO ITEM]**

MEMO: FUNDRAISER CATERING

**B.** United Air Lines

Full Name (Last, First, Middle Initial)

Mailing Address Sacramento Intl Airport

City Sacramento State CA Zip Code 95814-0000

Purpose of Disbursement AIR TRAVEL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 60104.E3561  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	5

Amount of Each Disbursement this Period

2218.41
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIR TRAVEL

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ►

182083.95
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**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 95 / 108

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

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NAME OF COMMITTEE (In Full)  
Campbell for Congress

Full Name (Last, First, Middle Initial)  
**A. Mark S. Rogers**

Transaction ID: 60104.E3539

Date of Disbursement

Mailing Address 898 Production Place

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	0	5

City Newport Beach State CA Zip Code 92663-0000

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Refund of Contribution NOTE: Refund Cont

**010**  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

State: District:

Special General 2005

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

1000.00
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**TOTAL** This Period (last page this line number only) .....

1000.00
---------

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 96 / 108
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Campbell for Congress

**Transaction ID: LS50630.C3737**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005
Mailing Address Personal Funds 57 Blue Heron	
City Irvine State CA ZIP Code 92603-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 20 Y Y Y Y 2005	20060620	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>200000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	



**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 97 / 108
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Campbell for Congress

**Transaction ID: LS50823.C3898**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005
Mailing Address Personal Funds 57 Blue Heron	
City Irvine State CA ZIP Code 92603-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 08 D D 03 Y Y Y Y 2005	20061231	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>25000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 98 / 108
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Campbell for Congress

**Transaction ID: LS50916.C4201**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General 2005
Mailing Address Personal Funds 57 Blue Heron	
City Irvine State CA ZIP Code 92603-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 06 Y Y Y Y 2005	20061231	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>25000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>250000.00</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 99 / 108
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Campaign Support Services
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period 10000.00	<b>Transaction ID: 3LS51122.E3378</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Debt Payment-Campaign Expenses
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period 5961.86	<b>Transaction ID: 31LS60104.E3520</b>	
Amount Incurred This Period 0.00	Payment This Period 5961.86	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Campaign Support Services
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period 15000.00	<b>Transaction ID: 2LS51122.E3376</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15000.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>25000.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 100 / 108
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Media Ad Production: See Below
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period <input type="text" value="5036.00"/>	<b>Transaction ID: 4LS60104.E3493</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5036.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Debt Payment-Mail Design
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period <input type="text" value="3025.00"/>	<b>Transaction ID: 8LS60104.E3521</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3025.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Design for Mail Piece
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: 5LS60105.E3624</b>	
Amount Incurred This Period <input type="text" value="3225.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3225.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="3225.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 101 / 108
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Radio/TV Ad Production
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: 6LS60105.E3625</b>	
Amount Incurred This Period <input type="text" value="3018.10"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3018.10"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Campaign Support Services
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: 7LS60105.E3626</b>	
Amount Incurred This Period <input type="text" value="15000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15000.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Gilliard, Blanning & Associates	Nature of Debt (Purpose): Design and Artwork for Mail Pieces
Mailing Address 921 11th Street, #400	
City State ZIP Code Sacramento CA 95814-0000	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID: 11LS60105.E3627</b>	
Amount Incurred This Period <input type="text" value="2250.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2250.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="20268.10"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.		Nature of Debt (Purpose): Printing and Mailing - Debt Pmt
Mailing Address 1000 Ortega Way, Bldg C		
City State ZIP Code Placentia CA 92870-0000		

Outstanding Balance Beginning This Period 9262.67		<b>Transaction ID: 13LS60104.E3468</b>	
Amount Incurred This Period 0.00	Payment This Period 9262.67	Outstanding Balance at Close of This Period 0.00	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.		Nature of Debt (Purpose): Printing and Mailing -Debt Pmt
Mailing Address 1000 Ortega Way, Bldg C		
City State ZIP Code Placentia CA 92870-0000		

Outstanding Balance Beginning This Period 6128.62		<b>Transaction ID: 12LS60105.E3633</b>	
Amount Incurred This Period 0.00	Payment This Period 6128.62	Outstanding Balance at Close of This Period 0.00	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.		Nature of Debt (Purpose): Printing and Mailing - Debt Pmt
Mailing Address 1000 Ortega Way, Bldg C		
City State ZIP Code Placentia CA 92870-0000		

Outstanding Balance Beginning This Period 2035.08		<b>Transaction ID: 14LS60105.E3634</b>	
Amount Incurred This Period 0.00	Payment This Period 2035.08	Outstanding Balance at Close of This Period 0.00	

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

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.	Nature of Debt (Purpose): Printing and Mailing - Debt Pmt
Mailing Address 1000 Ortega Way, Bldg C	
City State ZIP Code Placentia CA 92870-0000	

Outstanding Balance Beginning This Period 7542.80	<b>Transaction ID: 20LS60105.E3635</b>	
Amount Incurred This Period 0.00	Payment This Period 7542.80	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.	Nature of Debt (Purpose): Printing
Mailing Address 1000 Ortega Way, Bldg C	
City State ZIP Code Placentia CA 92870-0000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: 17LS60105.E3612</b>	
Amount Incurred This Period 764.70	Payment This Period 0.00	Outstanding Balance at Close of This Period 764.70

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.	Nature of Debt (Purpose): Print Fundraising Invites
Mailing Address 1000 Ortega Way, Bldg C	
City State ZIP Code Placentia CA 92870-0000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: 19LS60105.E3613</b>	
Amount Incurred This Period 1818.13	Payment This Period 0.00	Outstanding Balance at Close of This Period 1818.13

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>2582.83</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 104 / 108
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.	Nature of Debt (Purpose): Postage:SEE BELOW
Mailing Address 1000 Ortega Way, Bldg C	
City State ZIP Code Placentia CA 92870-0000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> 18LS60105.E3614	
Amount Incurred This Period 189.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 189.40

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.	Nature of Debt (Purpose): Printing Mail Piece
Mailing Address 1000 Ortega Way, Bldg C	
City State ZIP Code Placentia CA 92870-0000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> 15LS60105.E3616	
Amount Incurred This Period 7884.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 7884.40

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.	Nature of Debt (Purpose): Printing Mail Piece
Mailing Address 1000 Ortega Way, Bldg C	
City State ZIP Code Placentia CA 92870-0000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> 16LS60105.E3617	
Amount Incurred This Period 10090.89	Payment This Period 0.00	Outstanding Balance at Close of This Period 10090.89

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	18164.69
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	



**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 105 / 108
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor The Monaco Group, Inc.	Nature of Debt (Purpose): Printing Mail Piece
Mailing Address 1000 Ortega Way, Bldg C	
City State ZIP Code Placentia CA 92870-0000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> 25LS60105.E3620	
Amount Incurred This Period 5012.17	Payment This Period 0.00	Outstanding Balance at Close of This Period 5012.17

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor SBC California	Nature of Debt (Purpose): Telephone
Mailing Address Payment Center	
City State ZIP Code Van Nuys CA 91388-0000	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID:</b> 24LS60105.E3630	
Amount Incurred This Period 392.72	Payment This Period 0.00	Outstanding Balance at Close of This Period 392.72

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Data Inc.	Nature of Debt (Purpose): Debt Payment- Mailing List
Mailing Address P.O. Box 1706	
City State ZIP Code Burbank CA 91507-	

Outstanding Balance Beginning This Period 613.98	<b>Transaction ID:</b> 22LS60104.E3486	
Amount Incurred This Period 0.00	Payment This Period 613.98	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	5404.89
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line) PAGE 106 / 108  
 FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)  
 Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Data Inc.	Nature of Debt (Purpose): Deb Payment-Mailing Lists
Mailing Address P.O. Box 1706	
City State ZIP Code Burbank CA 91507-	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">581.14</div>	<b>Transaction ID:</b> 23LS60104.E3485
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">581.14</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Data Inc.	Nature of Debt (Purpose): Debt Payment-Software Update
Mailing Address P.O. Box 1706	
City State ZIP Code Burbank CA 91507-	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">300.00</div>	<b>Transaction ID:</b> 21LS60104.E3484
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">300.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ms. Sara Myers	Nature of Debt (Purpose): Campaign Support Services
Mailing Address 201 Bay Shore Avenue, #307	
City State ZIP Code Long Beach CA 90803-0000	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>	<b>Transaction ID:</b> 26LS60104.E3535
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">33890.08</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">33890.08</div>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">33890.08</div>
<b>2) TOTALS</b> This Period (last page this line number only).....	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;"> </div>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;"> </div>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;"> </div>

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 107 / 108
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor St. Regis Monarch Beach Resort	Nature of Debt (Purpose): Fundraising Catering
Mailing Address 1 Monarch Beach Resort	
City State ZIP Code Dana Point CA 92629-0000	

Outstanding Balance Beginning This Period 4507.79	<b>Transaction ID: 28LS60104.E3608</b>	
Amount Incurred This Period 0.00	Payment This Period 4507.79	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Storage West	Nature of Debt (Purpose): Storage Rent
Mailing Address 2892 Kelvin Avenue	
City State ZIP Code Irvine CA 92614-5826	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: 10LS60105.E3629</b>	
Amount Incurred This Period 115.95	Payment This Period 0.00	Outstanding Balance at Close of This Period 115.95

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Keelen Communications, Inc.	Nature of Debt (Purpose): Fundraising Fee
Mailing Address P.O. Box 2776	
City State ZIP Code Arlington VA 22202-0000	

Outstanding Balance Beginning This Period 14835.00	<b>Transaction ID: 1LS60104.E3610</b>	
Amount Incurred This Period 0.00	Payment This Period 14835.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶ 115.95
2) <b>TOTALS</b> This Period (last page this line number only).....	▶
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 108 / 108
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Campbell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Balboa Bay Club	Nature of Debt (Purpose): Debt Payment- Fundraiser Catering
Mailing Address 1221 W. Coast Highway, #145	
City State ZIP Code Newport Beach CA 92663-0000	

Outstanding Balance Beginning This Period 4051.62	<b>Transaction ID:</b> 29LS60104.E3514	
Amount Incurred This Period 0.00	Payment This Period 4051.62	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Strategic Media Group	Nature of Debt (Purpose): Video Shoot
Mailing Address 908 Pennsylvania Blvd	
City State ZIP Code Washington DC 20003-0000	

Outstanding Balance Beginning This Period 553.75	<b>Transaction ID:</b> 9LS60104.E3492	
Amount Incurred This Period 0.00	Payment This Period 553.75	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor IKON Management	Nature of Debt (Purpose): Debt Payment-Office Equip-ment
Mailing Address PO Box 198727	
City State ZIP Code Atlanta GA 30384-0000	

Outstanding Balance Beginning This Period 2077.88	<b>Transaction ID:</b> LS60104.E3496	
Amount Incurred This Period 0.00	Payment This Period 2077.88	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	108651.54
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	