

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
Earl Pomeroy for Congress

ADDRESS (number and street) Post Office Box 9336
 Check if different than previously reported. (ACC) Fargo ND 58106

2. **FEC IDENTIFICATION NUMBER** C00266619
IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
Fargo ND 58106 ND 00

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 _____ in the State of _____

5. Covering Period 10 01 2007 through 12 31 2007

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

Signature of Treasurer Electronically Filed by Joel Fremstad Date 01 31 2008

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

Office Use Only **FEC FORM 3** (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Earl Pomeroy for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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)).....	148203.49	1065897.61
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	148203.49	1063497.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	54377.68	304465.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	12.47	2061.02
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	54365.21	302404.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1130511.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Earl Pomeroy for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

49218.49

207978.04

(ii) Unitemized.....

6035.00

39140.59

(iii) TOTAL of contributions

55253.49

247118.63

from individuals..... ▶

0.00

14.52

(b) Political Party Committees.....

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

92950.00

818764.46

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

148203.49

1065897.61

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

0.00

55.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

12.47

2061.02

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

239.28

6699.96

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

148455.24

1074713.59

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	54377.68	304465.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	20000.00	32500.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	2400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2400.00
21. OTHER DISBURSEMENTS.....	1000.00	5000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	75377.68	344365.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1057433.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	148455.24
25. SUBTOTAL (add Line 23 and Line 24).....	1205889.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	75377.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1130511.45

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

Name of Candidate Earl Pomeroy		Candidate ID Number H2ND00057
Name of Principal Campaign Committee Earl Pomeroy for Congress		Committee ID Number C C00266619
Committee Address Post Office Box 9336		
City Fargo	State ND	ZIP 58106
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	950188.39	124525.20
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	950188.39	124525.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 99
	<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	

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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Alan Alphin		Date of Receipt MM / DD / YYYY 12 / 04 / 2007
	Mailing Address 5828 Webster Street		Transaction ID: C47917
	City Downers Grove	State IL	Zip Code 60516
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Illinois State Medical Society Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) William Altman		Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 680 South 4th St		Transaction ID: C47839
	City Louisville	State KY	Zip Code 40202
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Kindred Health Care Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Gov't Affairs Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Blair Bennett		Date of Receipt MM / DD / YYYY 11 / 07 / 2007
	Mailing Address 1608 W. Abingdon Drive #101		Transaction ID: C47816
	City Alexandria	State VA	Zip Code 22314
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer KornFerry Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior associate Election Cycle-to-Date ▼ 300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 99
(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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Janet C. Boyd

Mailing Address 5506 3rd St S

City Arlington State VA Zip Code 22204

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

Name of Employer The Dow Chemical Company Occupation Director of Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 07 / 2007
Transaction ID: C47824

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
John Burchfield

Mailing Address 10502 Royal Points Drive

City North Port State AL Zip Code 35475

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

Name of Employer NHS Management LLC Occupation VP AL operations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 20 / 2007
Transaction ID: C47854

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Elizabeth Burns

Mailing Address 1600 S 38th ST

City Grand Forks State ND Zip Code 58201

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

Name of Employer Capital Guardian Trust Company Occupation Vice President Client Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 12 / 03 / 2007
Transaction ID: C47893

Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

<p>A. Full Name (Last, First, Middle Initial) Saginaw Chippewa Indian</p> <p>Mailing Address 7070 E. Braodway</p> <p>City State Zip Code Mount Pleasant MI 48858</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer native american tribe Occupation native american tribe</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 7</p> <p>Transaction ID: C47798</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Charles Christianson</p> <p>Mailing Address 3701 15th Avenue S</p> <p>City State Zip Code Grand Forks ND 58201</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Physician</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7</p> <p>Transaction ID: C47878</p> <p>Amount of Each Receipt this Period 300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Gayle Clifford</p> <p>Mailing Address 1125 Reeves Dr</p> <p>City State Zip Code Grand Forks ND 58201-5648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer retired Occupation retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 7</p> <p>Transaction ID: C47830</p> <p>Amount of Each Receipt this Period 300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

<p>A. Full Name (Last, First, Middle Initial) Michael D'Arcangelo</p> <p>Mailing Address 149 Winchester Lane</p> <p>City State Zip Code Newtown PA 18940</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AW Greenwood Consultant</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1750.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 07 / 2007</p> <p>Transaction ID: C47825</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) W. Jeremy Davis</p> <p>Mailing Address 1622 Earl Circle</p> <p>City State Zip Code Grand Forks ND 58201</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Appalachian School of Law Educator</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 13 / 2007</p> <p>Transaction ID: C47835</p> <p>Amount of Each Receipt this Period 150.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) James Delaplane</p> <p>Mailing Address 4421 45th Street, NW</p> <p>City State Zip Code Washington DC 20016</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Davis and Harman, LLP Attorney</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1877.84</p>	<p>Date of Receipt MM / DD / YYYY 11 / 20 / 2007</p> <p>Transaction ID: C47856</p> <p>Amount of Each Receipt this Period 18.29</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> <p>* In-Kind: Catering/meals</p>
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SUBTOTAL of Receipts This Page (optional)	1168.29
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 99
	<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Judy DeMers		Date of Receipt
	Mailing Address 2200 S 29th St 92N		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Grand Forks	ND	58201-5869
	FEC ID number of contributing federal political committee. C		Transaction ID: C47870
Name of Employer UND		Occupation Associate Dean	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 100.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) J. Wayne Denazarie		Date of Receipt
	Mailing Address 300 Devon Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Burr Ridge	IL	60527
	FEC ID number of contributing federal political committee. C		Transaction ID: C47940
Name of Employer Aon Re Inc.		Occupation Insurance agent	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Alane Dent		Date of Receipt
	Mailing Address 8513 Oak Pointe Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Fairfax	VA	22039
	FEC ID number of contributing federal political committee. C		Transaction ID: C47818
Name of Employer American council of Life Insurers		Occupation Gov't Affairs	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 150.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
Kirk W. Dillard

Mailing Address 501 Wedgewood Ct.

City Hinsdale State IL Zip Code 60521

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

Name of Employer Lord Bissell & Brook Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2007
Transaction ID: C47943
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Lawrence Dopson

Mailing Address 2001 S. Grandview Lane

City Bismarck State ND Zip Code 58503-0852

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 12 / 03 / 2007
Transaction ID: C47906
 Amount of Each Receipt this Period 150.00

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

C. Full Name (Last, First, Middle Initial)
Kim Dorgan

Mailing Address 1702 Esquire Ln

City McLean State VA Zip Code 22101

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

Name of Employer American Council of Life Insurers Occupation Gov't Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 11 / 07 / 2007
Transaction ID: C47817
 Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 99

(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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Lynn Dudley

Mailing Address 5676 Clouds Mill Dr

City State Zip Code
Alexandria VA 22310-1157

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

Name of Employer
APPWP - The Benefits Association

Occupation
Counsel

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 7

Transaction ID: C47952

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
W. Heywood Fralin

Mailing Address PO box 20069

City State Zip Code
Roanoke VA 24018

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

Name of Employer
Medical Facilities of America

Occupation
CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 7

Transaction ID: C47927

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)
George Gaukler

Mailing Address 965 10th Ave NE

City State Zip Code
Valley City ND 58072-2423

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

Name of Employer
Self-employed

Occupation
Business owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: C47960

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

3250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 99
	<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Harold Gershman		Date of Receipt MM / DD / YYYY 11 / 13 / 2007		
	Mailing Address 517 Reeves Dr		Transaction ID: C47834		
	City Grand Forks	State ND	Zip Code 58201-4915	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Self-employed	Occupation Business owner			
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00			

B.	Full Name (Last, First, Middle Initial) David R. Gilbert		Date of Receipt MM / DD / YYYY 12 / 31 / 2007		
	Mailing Address 1177 Robbie Ct		Transaction ID: C47953		
	City Deerfield	State IL	Zip Code 60015-2880	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer David Gilbert & Associates	Occupation businessman			
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Rick Greener		Date of Receipt MM / DD / YYYY 12 / 03 / 2007		
	Mailing Address PO Box 10006		Transaction ID: C47888		
	City Fargo	State ND	Zip Code 58106	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Self-employed	Occupation Insurance Agent			
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00			

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 99
(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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
David Halvorson

Mailing Address PO Box 181

City Fargo State ND Zip Code 58107-0181

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

Name of Employer self Occupation insurance agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 11 / 26 / 2007

Transaction ID: C47864

Amount of Each Receipt this Period: 250.00

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

B.

Full Name (Last, First, Middle Initial)
Curtis Haugen

Mailing Address 45508 300th Street, NW

City Argyle State MN Zip Code 56713

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

Name of Employer self Occupation farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 11 / 13 / 2007

Transaction ID: C47833

Amount of Each Receipt this Period: 150.00

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

C.

Full Name (Last, First, Middle Initial)
Dennis Hill

Mailing Address 3613 Hackberry St

City Bismarck State ND Zip Code 58501-0247

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 12 / 03 / 2007

Transaction ID: C47894

Amount of Each Receipt this Period: 150.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 99
	<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Jeffrey Holden	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 606 Forest Avenue	Transaction ID: C47942
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Illinois State Medical Society	Occupation COO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Lynn Jacobs	Date of Receipt MM / DD / YYYY 11 / 07 / 2007
	Mailing Address 4200 Massachusetts Ave., NW., No.	Transaction ID: C47809
	City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Prudential Financial	Occupation Vice President External Affairs	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Claudia M. James	Date of Receipt MM / DD / YYYY 11 / 07 / 2007
	Mailing Address 3167 N 19th Street	Transaction ID: C47813
	City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Podesta Mattoon	Occupation Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
Valorie Jellerson

Mailing Address 7057 Highfields Farm Dr.

City State Zip Code
Roanoke VA 24018

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C47934

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Melissa Kahn

Mailing Address 1129 Halesworth Dr.

City State Zip Code
Potomac MD 20854-6181

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: C47821

Amount of Each Receipt this Period
150.00

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

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

Mailing Address PO Box 5676

City State Zip Code
Fargo ND 58105

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: C47857

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 99

(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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Alexander R. Lerner

Mailing Address 964 Sheridan Road

City State Zip Code
Glencoe IL 60022

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

Name of Employer
Illinois State Medical Society

Occupation
CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C47939

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
F. John Marshall

Mailing Address 849 Orchard Cr

City State Zip Code
Grand Forks ND 58201

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

Name of Employer
self

Occupation
attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1150.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: C47832

Amount of Each Receipt this Period

150.00

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

C.

Full Name (Last, First, Middle Initial)
Joseph Mello

Mailing Address 54944 Southern Hills

City State Zip Code
La Quinta CA 92253

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

Name of Employer
Davita

Occupation
COO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: C47838

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 99
	<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Roger W. Melvold		Date of Receipt
	Mailing Address 1956 Prairie Rose Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Grand Forks	ND	58201
	FEC ID number of contributing federal political committee. C		Transaction ID: C47848
Name of Employer UND		Occupation Professor	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) David Middaugh		Date of Receipt
	Mailing Address PO Box 2543		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Fargo	ND	58108
	FEC ID number of contributing federal political committee. C		Transaction ID: C47891
Name of Employer Self		Occupation Insurance agent	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Teresa Neufeld		Date of Receipt
	Mailing Address 2216 W. Addison		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Chicago	IL	60618
	FEC ID number of contributing federal political committee. C		Transaction ID: C47937
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1650.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 99
	<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Chad Oban		Date of Receipt MM / DD / YYYY 11 / 20 / 2007
	Mailing Address PO Box 255		Transaction ID: C47846
	City Bismarck	State ND	Zip Code 58502
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Self	Occupation Political consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Santa Ynez Band Of Mission Indians		Date of Receipt MM / DD / YYYY 10 / 30 / 2007
	Mailing Address PO Box 517		Transaction ID: C47799
	City Santa Ynez	State CA	Zip Code 93460
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer native american tribe	Occupation native american tribe	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4300.00
---	-------------------------------------

C.	Full Name (Last, First, Middle Initial) Susan Offutt		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 15421 County Road 11		Transaction ID: C47868
	City Grafton	State ND	Zip Code 58237
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer UND	Occupation Faculty	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00
---	------------------------------------

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 99
(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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial) Vance Opperman		Date of Receipt MM / DD / YYYY 11 / 07 / 2007
Mailing Address 225 South 6th Street Suite 5200		Transaction ID: C47827
City Minneapolis	State MN	Zip Code 55402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Key Investment Inc.	Occupation CEO/Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

B.

Full Name (Last, First, Middle Initial) Vance Opperman		Date of Receipt MM / DD / YYYY 11 / 07 / 2007
Mailing Address 225 South 6th Street Suite 5200		Transaction ID: C47826
City Minneapolis	State MN	Zip Code 55402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Key Investment Inc.	Occupation CEO/Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

C.

Full Name (Last, First, Middle Initial) Barbara Pate		Date of Receipt MM / DD / YYYY 11 / 07 / 2007
Mailing Address 544 North Saint Asaph St.		Transaction ID: C47815
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Davis and Harman LLP	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	4750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 99
	<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Gary Paulsrud	Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 1442 S. River Road	Transaction ID: C47863
	City State Zip Code Fargo ND 58103	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Producers financial group CLU	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Keith Phillips	Date of Receipt MM / DD / YYYY 12 / 03 / 2007
	Mailing Address 4044 S. Rivershore Drive	Transaction ID: C47890
	City State Zip Code Moorhead MN 56560	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Self Insurance Agent	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Alexander Reichert	Date of Receipt MM / DD / YYYY 11 / 29 / 2007
	Mailing Address 625 Reeves Dr	Transaction ID: C47881
	City State Zip Code Grand Forks ND 58201	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Self Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
Casey Ryan

Mailing Address 723 Reeves Dr

City State Zip Code
Grand Forks ND 58201

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

Name of Employer Occupation
Altru Health Systems President

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

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

Transaction ID: C47852

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Larry Schafer

Mailing Address 809 E Capitol St

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
National Biodiesel Board Senior Advisor

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: C47785

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Floyd Schlossberg

Mailing Address 4200 West Peterson Avenue, Suite 1

City State Zip Code
Chicago IL 60646

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

Name of Employer Occupation
Alden Management Services CEO/President

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: C47959

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 99
(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

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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Floyd Schlossberg

Mailing Address 4200 West Peterson Avenue, Suite 1

City State Zip Code
Chicago IL 60646

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

Name of Employer Alden Management Services Occupation CEO/President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: C47958

Amount of Each Receipt this Period
1800.00

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

B.

Full Name (Last, First, Middle Initial)
Melissa Schulman

Mailing Address 9020 Lupine Den Drive

City State Zip Code
Vienna VA 22182

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

Name of Employer Bokorny Group Occupation Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 825.00

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

Transaction ID: C47918

Amount of Each Receipt this Period
325.00

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

C.

Full Name (Last, First, Middle Initial)
Zack Stamp

Mailing Address 630 S Farmingdale Rd

City State Zip Code
New Berlin IL 62670-6584

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

Name of Employer Zack Stamp ltd. Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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

Transaction ID: C47916

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2625.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 99
(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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
David Starr

Mailing Address 6321 Crosswoods Cir.

City Falls Church State VA Zip Code 22044

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

Name of Employer Williams & Jensen Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 30 / 2007

Transaction ID: C47793

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Thomas Stinson

Mailing Address 256 Lucille Lane

City Manakin Sabot State VA Zip Code 23103

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

Name of Employer Genworth Financial Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2007

Transaction ID: C47797

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Lawrence Sullivan

Mailing Address 2457 W. Country Club Drive S

City Fargo State ND Zip Code 58103

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2007

Transaction ID: C47860

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 99
(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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
David Sunderland

Mailing Address PO Box 5375

City State Zip Code
Fargo ND 58105-5375

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

Name of Employer self Occupation insurance agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: C47920

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

B.

Full Name (Last, First, Middle Initial)
Kent Thiry

Mailing Address 618 Mountain Home Rd

City State Zip Code
Woodside CA 94062-2516

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

Name of Employer Davita Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 2300.00

Transaction ID: C47804

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

C.

Full Name (Last, First, Middle Initial)
Kent Thiry

Mailing Address 618 Mountain Home Rd

City State Zip Code
Woodside CA 94062-2516

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

Name of Employer Davita Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 2300.00

Transaction ID: C47803

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

SUBTOTAL of Receipts This Page (optional) ▶ **5600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 99
(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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Arnold Thomas, Jr.

Mailing Address 700 Mustang Drive

City Bismarck State ND Zip Code 58501

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C47935

Amount of Each Receipt this Period
150.00

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

B.

Full Name (Last, First, Middle Initial)
David Thompson

Mailing Address 416 6th St S

City Grand Forks State ND Zip Code 58201

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

Name of Employer self Occupation attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C47883

Amount of Each Receipt this Period
300.00

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

C.

Full Name (Last, First, Middle Initial)
Tule River Tribal Council

Mailing Address PO Box 589

City Porterville State CA Zip Code 93258

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

Name of Employer native american tribe Occupation native american tribe

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: C47928

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 99
(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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Thomas Usilton

Mailing Address 9 Ascot Manor NW

City Atlanta State GA Zip Code 30327

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

Name of Employer Thomas Usilton & Co Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 11 / 29 / 2007

Transaction ID: C47871

Amount of Each Receipt this Period 1500.00

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

B.

Full Name (Last, First, Middle Initial)
Nancy Vogeltanz-Holm

Mailing Address 2810 Belmont Rd

City Grand Forks State ND Zip Code 58201-7540

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

Name of Employer UND Medical School Occupation Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 11 / 29 / 2007

Transaction ID: C47875

Amount of Each Receipt this Period 150.00

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

C.

Full Name (Last, First, Middle Initial)
John Washburn

Mailing Address 5326 R.F.D.

City Long Grove State IL Zip Code 60047

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

Name of Employer Illinois State Medical Society Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3475.20

Date of Receipt 12 / 31 / 2007

Transaction ID: C47955

Amount of Each Receipt this Period 1124.80

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

SUBTOTAL of Receipts This Page (optional) ▶ **2774.80**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 99
(check only one)

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

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
John Washburn

Mailing Address 5326 R.F.D.

City State Zip Code
Long Grove IL 60047

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

Name of Employer
Illinois State Medical Society

Occupation
Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3475.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: C47969

Amount of Each Receipt this Period
1175.20

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

* In-Kind: Catering/meals

B.

Full Name (Last, First, Middle Initial)
John Washburn

Mailing Address 5326 R.F.D.

City State Zip Code
Long Grove IL 60047

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

Name of Employer
Illinois State Medical Society

Occupation
Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3475.20

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: C47970

Amount of Each Receipt this Period
1175.20

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

C.

Full Name (Last, First, Middle Initial)
Susan Washburn

Mailing Address 5326 R.F.D.

City State Zip Code
Long Grove IL 60047

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

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C47944

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **4650.40**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 99
(check only one)

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

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
Advocat Inc. PAC

Mailing Address 1621 Galleria Blvd.

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C** C00421735

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: C47926

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 815 16th Street N.W.

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00003806

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C47948

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OTOLARYNGOLOGY

Mailing Address One Prince Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C47919

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 99
(check only one)

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

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)

Mailing Address 222 S PROSPECT AVENUE
C/O FINANCE DEPT

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00173153

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: C47909

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: C47946

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL POLITICAL ACTION CMTE.

Mailing Address 1111 14th Street NW
Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: C47963

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 99

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN DIETETIC ASSOCIATION POLITICAL ACTION COMMITTEE (ADAPAC)

Mailing Address 1120 CONNECTICUT AVENUE SUITE 480

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C47872

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
AMERICAN FAMILY MUTUAL INSURANCE COMPANY FEDERAL PAC (AMFAM PAC)

Mailing Address 6000 American Parkway

City State Zip Code
Madison WI 53783

FEC ID number of contributing federal political committee. **C** C00354290

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: C47786

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C47886

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 99
(check only one)

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

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 Seventh Street NW
Suite 700

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 12 / 18 / 2007
Transaction ID: C47936
Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
AMERICAN INDIAN SOVEREIGNTY SELF-DETERMINATION

Mailing Address 224 2ND STREET SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2007
Transaction ID: C47800
Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE

Mailing Address Harborside Financial Center
201 Plaza III

City Jersey City State NJ Zip Code 07311

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2891.22

Date of Receipt: 11 / 29 / 2007
Transaction ID: C47887
Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN NURSES ASSOCIATION PAC

Mailing Address 8515 Georgia Avenue
Suite 400

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C47949

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE

Mailing Address 1090 Vermont Ave. NW
Suite 510

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: C47924

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES A-PAC

Mailing Address 1575 EYE ST NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C47806

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 99
	<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Ameriprise Financial PAC	Date of Receipt MM / DD / YYYY 12 / 11 / 2007
	Mailing Address 101 Constitution Avenue, NW Suite 816W	Transaction ID: C47922
	City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00414474	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) ANHEUSER-BUSCH COMPANIES INC POLITICAL ACTION COMMITTEE (AB-PAC)	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address ONE BUSCH PLACE	Transaction ID: C47951
	City ST. LOUIS State MO Zip Code 63118	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C C00034488	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 9000.00	

C.	Full Name (Last, First, Middle Initial) AON CORPORATION POLITICAL ACTION	Date of Receipt MM / DD / YYYY 11 / 20 / 2007
	Mailing Address 200 EAST RANDOLPH	Transaction ID: C47842
	City CHICAGO State IL Zip Code 60601	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00211250	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	

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

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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
ARCHER DANIELS MIDLAND COMPANY-ADM PAC

Mailing Address P. O. BOX 1470

City State Zip Code
DECATUR IL 62525

FEC ID number of contributing federal political committee. **C** C00093963

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 7

Transaction ID: C47796

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 100 North Tryon Street

City State Zip Code
Charlotte NC 28255

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 7

Transaction ID: C47795

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Burham Committee

Mailing Address 2650 West 51st Street

City State Zip Code
Chicago IL 60632

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: C47956

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► 2200.00

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

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

Use separate schedule(s)
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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
CHICAGO BOARD OF OPTIONS EXCHANGE INC PAC

Mailing Address 400 S. LaSalle Street

City State Zip Code
Chicago IL 60605

FEC ID number of contributing federal political committee. **C** C00100693

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 7

Transaction ID: C47945

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
CHRYSLER SERVICE CONTRACTS INC. POLITICAL SUPPORT COMMITTEE (CHRYSLER PAC)

Mailing Address 1000 CHRYSLER DR. CIMS# 485-10-95
CIMS # 485-10-95

City State Zip Code
AUBURN HILLS MI 48326

FEC ID number of contributing federal political committee. **C** C00043687

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: C47957

Amount of Each Receipt this Period
2500.00

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

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

Mailing Address Two Liberty Place-TL06E
1601 Chestnut St

City State Zip Code
Philadelphia PA 19192

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7

Transaction ID: C47964

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
CITIGROUP INC. POLITICAL ACTION COMMITTEE-FEDERAL (CITIGROUP PAC-FEDERAL)

Mailing Address 1101 Pennsylvania Ave. NW #1000

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00008474

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: C47781

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
CME/PAC CHICAGO MERCANTILE EXCHANGE

Mailing Address 20 SOUTH WACKER DRIVE

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C47802

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
DAKPAC

Mailing Address 607 14th Street NW Suite 800

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00364356

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: C47967

Amount of Each Receipt this Period
2500.00

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

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

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

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

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

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
DAVITA INC POLITICAL ACTION COMMITTEE

Mailing Address 601 Hawaii Street
C/O CONGRESSIONAL CONSULTANTS

City El Segundo State CA Zip Code 90245

FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY
10 / 30 / 2007

Transaction ID: C47790

Amount of Each Receipt this Period 5000.00

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

B. Full Name (Last, First, Middle Initial)
DAVITA INC POLITICAL ACTION COMMITTEE

Mailing Address 601 Hawaii Street
C/O CONGRESSIONAL CONSULTANTS

City El Segundo State CA Zip Code 90245

FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY
10 / 30 / 2007

Transaction ID: C47789

Amount of Each Receipt this Period 2500.00

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

C. Full Name (Last, First, Middle Initial)
Dealers Election Action Committee

Mailing Address Bob Lamp
1411 32nd SW

City Fargo State ND Zip Code 58108-2524

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
11 / 07 / 2007

Transaction ID: C47807

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 8500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
DIRECT SUPPLY INC PARTNERS PAC DSI PARTNERS PAC

Mailing Address 6767 NORTH INDUSTRIAL ROAD

City State Zip Code
MILWAUKEE WI 53223

FEC ID number of contributing federal political committee. **C** C00409516

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C47855

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
EASTMAN KODAK COMPANY EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 343 State Street

City State Zip Code
Rochester NY 14650

FEC ID number of contributing federal political committee. **C** C00297085

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C47808

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
EDISON INTERNATIONAL PAC

Mailing Address 520 S GRAND AVENUE SUITE 700

City State Zip Code
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C** C00019653

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C47950

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

Use separate schedule(s)
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 101 EAST STATE STREET

City State Zip Code
KENNETT SQUARE PA 19348

FEC ID number of contributing federal political committee. **C** C00292094

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

Transaction ID: C47853

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
GREAT LAKES SUGAR BEET GROWERS POLITICAL ACTION COMMITTEE

Mailing Address 4800 FASHION SQUARE BLVD
#485 PLAZA NORTH

City State Zip Code
SAGINAW MI 48604

FEC ID number of contributing federal political committee. **C** C00168542

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	7

Transaction ID: C47784

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
ING US PAC

Mailing Address 601 13th St NW; Suite 450 North

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00184028

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	7

Transaction ID: C47792

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Int'l. Assn. of Firefighters

Mailing Address Rick Foy
1126 9TH St. S.

City Grand Forks State ND Zip Code 58201

FEC ID number of contributing federal political committee. C C00029447

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
11 / 13 / 2007

Transaction ID: C47840

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
INT'L. ASSOCIATION OF BRIDGE STRUCTURAL ORNAMENTAL & REINFORCING IRON WORKERS

Mailing Address 1750 New York Ave. NW
Suite 400

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. C C00027359

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2007

Transaction ID: C47961

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF NA

Mailing Address 905 16th Street NW
Second Floor

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. C C00007922

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2007

Transaction ID: C47947

Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) 4500.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
LIBERTY MUTUAL INSURANCE COMPANY-PAC

Mailing Address 175 Berkeley Steet

City State Zip Code
Boston MA 02117

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 7

Transaction ID: C47788

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
LOCKE LIDDELL & SAPP LLP PAC

Mailing Address 3400 CHASE TOWER
600 TRAVIS STREET

City State Zip Code
HOUSTON TX 77002

FEC ID number of contributing federal political committee. **C** C00117861

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 7

Transaction ID: C47941

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 3 / 2 0 0 7

Transaction ID: C47828

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
MILLER BREWING COMPANY PAC

Mailing Address 3939 WEST HIGHLAND BOULEVARD

City State Zip Code
MILWAUKEE WI 53201

FEC ID number of contributing federal political committee. **C** C00380360

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: C47841

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
MORGAN STANLEY POLITICAL ACTION COMMITTEE

Mailing Address 1585 Broadway 39th Floor

City State Zip Code
New York NY 10036

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: C47787

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC)

Mailing Address 1325 Massachusetts Ave. NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: C47923

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 99

(check only one)

11a 11b 11c 11d

12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL CORN GROWERS ASSOCIATION PAC (CORNPAC)

Mailing Address 122 C Street NW
Suite 510

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. C C00376343

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C47874

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL FUNERAL DIRECTORS ASSOCIATION OF THE U S INC POLITICAL ACTION CMTE (NFDA-DA)

Mailing Address 13625 BISHOP'S DRIVE

City BROOKFIELD State WI Zip Code 53005

FEC ID number of contributing federal political committee. C C00204008

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C47885

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
ND Optometric Association - PAC

Mailing Address 921 South 9th Street

City Bismarck State ND Zip Code 58504

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 150.00

Date of Receipt M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: C47911

Amount of Each Receipt this Period 150.00

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

SUBTOTAL of Receipts This Page (optional) 2150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 47 / 99
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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) ND Trial Lawyers Association PAC	Date of Receipt MM / DD / YYYY 12 / 03 / 2007
	Mailing Address PO Box 365	Transaction ID: C47910
	City State Zip Code Mandan ND 58554	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) NORTH DAKOTA CHIROPRACTIC POLITICAL ACTION COMMITTEE	Date of Receipt MM / DD / YYYY 12 / 03 / 2007
	Mailing Address 1411 32ND ST SW	Transaction ID: C47908
	City State Zip Code FARGO ND 58103	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C C00352534	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) OPPENHEIMERFUNDS INC. POLITICAL ACTION COMMITTEE	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 1295 State Street	Transaction ID: C47829
	City State Zip Code Springfield MA 01111	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C C00367920	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
POWER PAC OF THE EDISON ELECTRIC INSTITUTE

Mailing Address 701 PENNSYLVANIA AVENUE N W

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 3 / 2 0 0 7

Transaction ID: C47929

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
PREMIER INC. EMPLOYEES' CIVIC ACTION FUND, THE

Mailing Address 444 North Capitol Street NW
Suite 625

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00346288

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: C47805

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
ST. PAUL TRAVELERS COMPANIES INC. POLITICAL ACTION COMMITTEE (STA PAC), THE

Mailing Address One Tower Square

City State Zip Code
Hartford CT 06183

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 7

Transaction ID: C47791

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 49 / 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
SUN HEALTHCARE GROUP INC POLITICAL ACTION COMMITTEE/AKA SUN HEALTHCARE PAC
 Mailing Address 101 Sun Avenue NE
 City State Zip Code
 Albuquerque NM 87109
 FEC ID number of contributing federal political committee. **C** C00398826
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 1 / 2 0 0 7
Transaction ID: C47925
 Amount of Each Receipt this Period
 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE
 Mailing Address 1750 H Street NW
 City State Zip Code
 Washington DC 20006
 FEC ID number of contributing federal political committee. **C** C00107128
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 7
Transaction ID: C47794
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE
 Mailing Address 1750 H Street NW
 City State Zip Code
 Washington DC 20006
 FEC ID number of contributing federal political committee. **C** C00107128
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 7
Transaction ID: C47962
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION POLITICAL EDUCATION LEAGUE
Mailing Address 14600 DETROIT AVENUE

City State Zip Code
CLEVELAND OH 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	7

Transaction ID: C47912

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION POLITICAL EDUCATION LEAGUE
Mailing Address 14600 DETROIT AVENUE

City State Zip Code
CLEVELAND OH 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: C47954

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
WELLPOINT INC. WELLPAC
Mailing Address 120 Monument Circle

City State Zip Code
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	7

Transaction ID: C47921

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

TOTAL This Period (last page this line number only) ► **92950.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
American Bank Center(formerly Bank Center First)
Mailing Address 320 4th St N

City Bismarck State ND Zip Code 58501

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6762.88

Date of Receipt: 10 / 07 / 2007
Transaction ID: C47782
 Amount of Each Receipt this Period: 18.74

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

B. Full Name (Last, First, Middle Initial)
American Bank Center(formerly Bank Center First)
Mailing Address 320 4th St N

City Bismarck State ND Zip Code 58501

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6762.88

Date of Receipt: 10 / 11 / 2007
Transaction ID: C47783
 Amount of Each Receipt this Period: 62.11

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

C. Full Name (Last, First, Middle Initial)
American Bank Center(formerly Bank Center First)
Mailing Address 320 4th St N

City Bismarck State ND Zip Code 58501

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6762.88

Date of Receipt: 11 / 06 / 2007
Transaction ID: C47915
 Amount of Each Receipt this Period: 16.58

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

SUBTOTAL of Receipts This Page (optional) ► **97.43**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A. Full Name (Last, First, Middle Initial)
American Bank Center(formerly Bank Center First)
Mailing Address 320 4th St N

City Bismarck State ND Zip Code 58501

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6762.88

Date of Receipt: 11 / 12 / 2007
Transaction ID: C47914
 Amount of Each Receipt this Period: 61.47

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

B. Full Name (Last, First, Middle Initial)
American Bank Center(formerly Bank Center First)
Mailing Address 320 4th St N

City Bismarck State ND Zip Code 58501

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6762.88

Date of Receipt: 12 / 06 / 2007
Transaction ID: C47966
 Amount of Each Receipt this Period: 16.36

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

C. Full Name (Last, First, Middle Initial)
American Bank Center(formerly Bank Center First)
Mailing Address 320 4th St N

City Bismarck State ND Zip Code 58501

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6762.88

Date of Receipt: 12 / 11 / 2007
Transaction ID: C47965
 Amount of Each Receipt this Period: 64.02

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

SUBTOTAL of Receipts This Page (optional) ► 141.85

TOTAL This Period (last page this line number only) ► 239.28

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)
Earl Pomeroy for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Avenet</p> <p>Mailing Address 1380 Energy Lane Suite 206</p> <p>City Saint Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Internet/Web Expense</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8861</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Avenet</p> <p>Mailing Address 1380 Energy Lane Suite 206</p> <p>City Saint Paul State MN Zip Code 55108</p> <p>Purpose of Disbursement Credit Card Fee</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8862</p> <p>Date of Disbursement 12 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 12.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Brad Martin</p> <p>Mailing Address 207 A Street NE #1</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8878</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 843.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2056.49

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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Campaign Compliance, LLC

Transaction ID: D8755

Mailing Address 3252 4th Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	7

City State Zip Code
Oceanside NY 11572

Amount of Each Disbursement this Period

2002.46

Purpose of Disbursement

Accounting

Category/
Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Campaign Compliance, LLC

Transaction ID: D8754

Mailing Address 3252 4th Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	7

City State Zip Code
Oceanside NY 11572

Amount of Each Disbursement this Period

2004.51

Purpose of Disbursement

Accounting

Category/
Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Campaign Compliance, LLC

Transaction ID: D8863

Mailing Address 3252 4th Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	7

City State Zip Code
Oceanside NY 11572

Amount of Each Disbursement this Period

2005.33

Purpose of Disbursement

Accounting

Category/
Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

6012.30

TOTAL This Period (last page this line number only)

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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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Cass County Dem-NPL

Mailing Address 3125 7th Street N

City Fargo State ND Zip Code 58102

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8758

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Cass County Dem-NPL

Mailing Address 3125 7th Street N

City Fargo State ND Zip Code 58102

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8864

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
James Delaplane

Mailing Address 4421 45th Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Catering/meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8742

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

18.29

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

* in-kind received

SUBTOTAL of Disbursements This Page (optional)

1018.29

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)

<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)
Earl Pomeroy for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Fraiola and Associates</p> <p>Mailing Address 80 F Street NW # 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Fundraising consultant</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8796</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 2155.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Fraiola and Associates</p> <p>Mailing Address 80 F Street NW # 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Fundraising consultant</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8886</p> <p>Date of Disbursement 11 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 2738.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Fraiola and Associates</p> <p>Mailing Address 80 F Street NW # 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Fundraising consultant</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8867</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 2141.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7036.05

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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) MCI	Transaction ID: D8816 Date of Disbursement 10 / 16 / 2007
	Mailing Address PO Box 3160	Amount of Each Disbursement this Period 16.34
	City Cedar Rapids State IA Zip Code 52401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) MCI	Transaction ID: D8895 Date of Disbursement 11 / 27 / 2007
	Mailing Address PO Box 3160	Amount of Each Disbursement this Period 13.65
	City Cedar Rapids State IA Zip Code 52401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Dianne Mondry	Transaction ID: D8767 Date of Disbursement 10 / 31 / 2007
	Mailing Address 3150 32nd St SW #5	Amount of Each Disbursement this Period 953.58
	City Fargo State ND Zip Code 58103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	983.57
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)

<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)
Earl Pomeroy for Congress

<p>A. Full Name (Last, First, Middle Initial) Dianne Mondry</p> <p>Mailing Address 3150 32nd St SW #5</p> <p>City Fargo State ND Zip Code 58103</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8879</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 953.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Dianne Mondry</p> <p>Mailing Address 3150 32nd St SW #5</p> <p>City Fargo State ND Zip Code 58103</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8866</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 953.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Catering/Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8825</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 187.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2094.36</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>.....</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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
National Democratic Club

Transaction ID: D8818

Mailing Address 30 Ivy Street SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

187.18

Purpose of Disbursement
Catering/Meals
Candidate Name

Category/ Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
National Democratic Club

Transaction ID: D8821

Mailing Address 30 Ivy Street SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

676.76

Purpose of Disbursement
Catering/Meals
Candidate Name

Category/ Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
National Democratic Club

Transaction ID: D8896

Mailing Address 30 Ivy Street SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	0	7

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

1108.54

Purpose of Disbursement
Catering/Meals
Candidate Name

Category/ Type

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

1972.48

TOTAL This Period (last page this line number only)

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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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: D8897 Date of Disbursement 11 / 27 / 2007
	Mailing Address 30 Ivy Street SE	Amount of Each Disbursement this Period 7.44
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering/Meals Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D8826 Date of Disbursement 10 / 16 / 2007
	Mailing Address 5505 Connecticut Avenue NW PMB 277	Amount of Each Disbursement this Period 300.00
	City Washington State DC Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Computer Support Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: D8834 Date of Disbursement 10 / 10 / 2007
	Mailing Address PO Box 2950	Amount of Each Disbursement this Period 82.23
	City Merrifield State VA Zip Code 22116-2950	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Expenses Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	389.67
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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Paychex

Transaction ID: D8833

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	7	7

Mailing Address PO Box 2950

Amount of Each Disbursement this Period

488.28

City Merrifield State VA Zip Code 22116-2950

Purpose of Disbursement

Payroll Taxes

Category/ Type

Candidate Name

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

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Paychex

Transaction ID: D8902

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	7	7

Mailing Address PO Box 2950

Amount of Each Disbursement this Period

86.71

City Merrifield State VA Zip Code 22116-2950

Purpose of Disbursement

Payroll Expenses

Category/ Type

Candidate Name

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

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Paychex

Transaction ID: D8901

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	7	7

Mailing Address PO Box 2950

Amount of Each Disbursement this Period

488.28

City Merrifield State VA Zip Code 22116-2950

Purpose of Disbursement

Payroll Taxes

Category/ Type

Candidate Name

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

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1063.27

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

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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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Paychex

Mailing Address PO Box 2950

City Merrifield State VA Zip Code 22116-2950

Purpose of Disbursement
Payroll Expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8869

Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

79.59

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

B.

Full Name (Last, First, Middle Initial)
Paychex

Mailing Address PO Box 2950

City Merrifield State VA Zip Code 22116-2950

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8868

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

488.28

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

C.

Full Name (Last, First, Middle Initial)
Peter Hart Research Associates

Mailing Address 1724 Connecticut Avenue NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Research

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8870

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

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

SUBTOTAL of Disbursements This Page (optional)

3067.87

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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address 2220 E. Expy

City Bismarck State ND Zip Code 58504-9998

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8906

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

96.00

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

B.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address 2220 E. Expy

City Bismarck State ND Zip Code 58504-9998

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8871

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

150.00

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

C.

Full Name (Last, First, Middle Initial)
Printers, Inc.

Mailing Address 311 South 8th Street

City Bismarck State ND Zip Code 58504

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8907

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

325.42

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

SUBTOTAL of Disbursements This Page (optional) ▶

571.42

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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Printers, Inc.

Mailing Address 311 South 8th Street

City Bismarck State ND Zip Code 58504

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8908

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	7	7

Amount of Each Disbursement this Period

312.32

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

B.

Full Name (Last, First, Middle Initial)
Printers, Inc.

Mailing Address 311 South 8th Street

City Bismarck State ND Zip Code 58504

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8909

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	7	7

Amount of Each Disbursement this Period

115.54

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

C.

Full Name (Last, First, Middle Initial)
Qwest

Mailing Address PO Box 1301

City Minneapolis State MN Zip Code 55483

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8839

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	2	/	2	0	7	7

Amount of Each Disbursement this Period

154.03

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

SUBTOTAL of Disbursements This Page (optional)

581.89

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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Qwest

Mailing Address PO Box 1301

City Minneapolis State MN Zip Code 55483

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8840

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

153.96

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

B.

Full Name (Last, First, Middle Initial)
Qwest

Mailing Address PO Box 1301

City Minneapolis State MN Zip Code 55483

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8910

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

154.45

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

C.

Full Name (Last, First, Middle Initial)
Twenty-First Century Group

Mailing Address 434 New Jersey Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Room Rental/Event Space

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8849

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

1750.00

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

SUBTOTAL of Disbursements This Page (optional)

2058.41

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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 790406

City State Zip Code
St. Louis MO 63179-0406

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8856

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

191.25

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

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 790406

City State Zip Code
St. Louis MO 63179-0406

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8855

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

199.08

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

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 790406

City State Zip Code
St. Louis MO 63179-0406

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8923

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

191.11

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

SUBTOTAL of Disbursements This Page (optional) ▶

581.44

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 67 / 99

<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)
Earl Pomeroy for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 790406</p> <p>City St. Louis State MO Zip Code 63179-0406</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8922</p> <p>Date of Disbursement 11 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 159.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) John Washburn</p> <p>Mailing Address 5326 R.F.D.</p> <p>City Long Grove State IL Zip Code 60047</p> <p>Purpose of Disbursement Catering/meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8926</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 1175.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Washington Court Hotel</p> <p>Mailing Address 525 New Jersey Ave NW</p> <p>City Washington State DC Zip Code 20001-2098</p> <p>Purpose of Disbursement Catering/Meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8859</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 6798.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8133.31

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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 30310 City Tampa State FL Zip Code 33630 Purpose of Disbursement Credit card payment-various Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8857 Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 7058.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) 1800Flowers.com Mailing Address One Old Country Road City Carle Place State NY Zip Code 11514 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8743 Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 82.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Agraria Restaurant Mailing Address 3000 K Street, NW City Washington State DC Zip Code 20007 Purpose of Disbursement Catering/Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8745 Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 168.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	7058.59
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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Ali's Pizza

Mailing Address 1382 E. Capitol Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Catering/meals
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8747
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Amount of Each Disbursement this Period

139.46

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Bistro Bis

Mailing Address 15 E Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Catering/Meals
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8752
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Amount of Each Disbursement this Period

25.45

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Capital Grille

Mailing Address 601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Catering/Meals
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8757
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Amount of Each Disbursement this Period

445.65

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Congressional Liquors	Transaction ID: D8762 Date of Disbursement 10 / 31 / 2007
	Mailing Address 404 1st Street, SE	Amount of Each Disbursement this Period 107.15
	City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Catering/Meals	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Congressional Liquors	Transaction ID: D8763 Date of Disbursement 10 / 31 / 2007
	Mailing Address 404 1st Street, SE	Amount of Each Disbursement this Period 19.96
	City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Catering/Meals	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8791 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 20.78
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8790 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 35.80
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8789 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 19.21
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8788 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 19.29
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8783 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 20.78
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8787 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 20.78
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8792 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 14.37
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140 Dept A.

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8781

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

35.95

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140 Dept A.

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8770

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

14.37

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140 Dept A.

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8774

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

14.37

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8786 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 20.69
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8782 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 14.37
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8785 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 19.29
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8784 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 23.30
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8772 Date of Disbursement 10 / 31 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 14.37
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Happy Harry's Bottle Shop	Transaction ID: D8800 Date of Disbursement 10 / 31 / 2007
	Mailing Address 1125 19th Ave N	Amount of Each Disbursement this Period 193.43
	City Fargo State ND Zip Code 58102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Catering/meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Hertz

Mailing Address 2301 University Drive

City Bismarck State ND Zip Code 58504

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8803

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

97.20

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Holiday Inn

Mailing Address 605 E Broadway Ave

City Bismarck State ND Zip Code 58501-4410

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8805

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

66.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Hornbacher's

Mailing Address 1000 13th Ave SW

City Fargo State ND Zip Code 58103

Purpose of Disbursement
Catering/Meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8807

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

12.47

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Hornbacher's	Transaction ID: D8808 Date of Disbursement 10 / 31 / 2007
	Mailing Address 1000 13th Ave SW	Amount of Each Disbursement this Period 9.60
	City Fargo State ND Zip Code 58103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering/Meals	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Johnny's Half Shell	Transaction ID: D8812 Date of Disbursement 10 / 31 / 2007
	Mailing Address 400 N. Capitol Street, NW	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering/Meals	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Las Placitas	Transaction ID: D8814 Date of Disbursement 10 / 31 / 2007
	Mailing Address 517 8th St SE	Amount of Each Disbursement this Period 48.55
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering/meals	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: D8820 Date of Disbursement 10 / 31 / 2007
	Mailing Address 30 Ivy Street SE	Amount of Each Disbursement this Period 68.44
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Catering/meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: D8817 Date of Disbursement 10 / 31 / 2007
	Mailing Address 30 Ivy Street SE	Amount of Each Disbursement this Period 77.57
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Catering/meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: D8823 Date of Disbursement 10 / 31 / 2007
	Mailing Address 30 Ivy Street SE	Amount of Each Disbursement this Period 52.00
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Catering/meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
National Democratic Club

Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Catering/meals
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D8822
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

69.07

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address Bismarck Municipal Airport

City Bismarck State ND Zip Code 58504

Purpose of Disbursement
Travel
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D8829
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

625.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 4360 13th Ave SW

City Fargo State ND Zip Code 58103

Purpose of Disbursement
Office Supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D8831
Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

57.22

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D8832 Date of Disbursement 10 / 31 / 2007
	Mailing Address 4360 13th Ave SW	Amount of Each Disbursement this Period 12.17
	City Fargo State ND Zip Code 58103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Phoenix Park Hotels	Transaction ID: D8835 Date of Disbursement 10 / 31 / 2007
	Mailing Address 520 N Capitol St NW	Amount of Each Disbursement this Period 1630.19
	City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering/Meals	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Roberts Floral	Transaction ID: D8842 Date of Disbursement 10 / 31 / 2007
	Mailing Address 210 8th Street	Amount of Each Disbursement this Period 59.89
	City Bismarck State ND Zip Code 58501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Flowers	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Star Catering

Mailing Address 2002 Mount Vernon Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Catering/Meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8846

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

1430.40

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address 1111 20th St NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8852

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

41.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address 1111 20th St NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8851

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

4.60

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 30310

City Tampa State FL Zip Code 33630

Purpose of Disbursement
Credit card payment-various

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8858

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

2901.55

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

B.

Full Name (Last, First, Middle Initial)
Agraria Restaurant

Mailing Address 3000 K Street, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement
Catering/Meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8746

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

73.60

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Amoco

Mailing Address 919 S Washington St

City Bismarck State ND Zip Code 58504

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8749

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

34.83

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

2901.55

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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: D8750 Date of Disbursement 10 / 02 / 2007
	Mailing Address PO Box 7717	Amount of Each Disbursement this Period 330.00
	City Itasca State IL Zip Code 60143	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Computer Techs	Transaction ID: D8761 Date of Disbursement 10 / 02 / 2007
	Mailing Address 1622 Main Ave	Amount of Each Disbursement this Period 249.79
	City Fargo State ND Zip Code 58103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Office Equipment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Courtyard Marriott DC	Transaction ID: D8764 Date of Disbursement 10 / 02 / 2007
	Mailing Address 1900 Connecticut Avenue, NW	Amount of Each Disbursement this Period 223.28
	City Washington State DC Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Catering/Meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8780 Date of Disbursement 10 / 02 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 35.80
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8778 Date of Disbursement 10 / 02 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 14.31
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8776 Date of Disbursement 10 / 02 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 49.79
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140 Dept A.

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8773

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	7

Amount of Each Disbursement this Period

14.31

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140 Dept A.

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8779

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	7

Amount of Each Disbursement this Period

20.69

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140 Dept A.

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8771

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	7

Amount of Each Disbursement this Period

14.31

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8775 Date of Disbursement 10 / 02 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 11.23
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8777 Date of Disbursement 10 / 02 / 2007
	Mailing Address PO Box 1140 Dept A.	Amount of Each Disbursement this Period 14.31
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Green Market	Transaction ID: D8799 Date of Disbursement 10 / 02 / 2007
	Mailing Address PO Box 707	Amount of Each Disbursement this Period 156.44
	City Fargo State ND Zip Code 58107-0707	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Catering/meals Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Hertz

Mailing Address 2301 University Drive

City Bismarck State ND Zip Code 58504

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8804

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

97.20

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Hornbacher's

Mailing Address 1000 13th Ave SW

City Fargo State ND Zip Code 58103

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8809

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

53.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Las Placitas

Mailing Address 517 8th St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Catering/meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8815

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

101.75

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
National Democratic Club

Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Catering/meals
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8824
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	7	

Amount of Each Disbursement this Period

70.63

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
National Democratic Club

Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Catering/meals
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8819
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	7	

Amount of Each Disbursement this Period

35.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address Bismarck Municipal Airport

City Bismarck State ND Zip Code 58504

Purpose of Disbursement
Travel
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8830
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	7	

Amount of Each Disbursement this Period

238.21

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Radisson Hotel Bismarck	Transaction ID: D8841 Date of Disbursement 10 / 02 / 2007
	Mailing Address 605 E Broadway Ave	Amount of Each Disbursement this Period 65.40
	City Bismarck State ND Zip Code 58501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tesoro	Transaction ID: D8848 Date of Disbursement 10 / 02 / 2007
	Mailing Address 1301 University Drive, S	Amount of Each Disbursement this Period 31.24
	City Fargo State ND Zip Code 58103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Postal Service	Transaction ID: D8853 Date of Disbursement 10 / 02 / 2007
	Mailing Address 1111 20th St NW	Amount of Each Disbursement this Period 205.00
	City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Visa <hr/> Mailing Address PO Box 30310 <hr/> City Tampa State FL Zip Code 33630 <hr/> Purpose of Disbursement Visa Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8924 Date of Disbursement 11 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 6623.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) 1800Flowers.com <hr/> Mailing Address One Old Country Road <hr/> City Carle Place State NY Zip Code 11514 <hr/> Purpose of Disbursement Flowers Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8872 Date of Disbursement 11 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 57.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Agraria Restaurant <hr/> Mailing Address 3000 K Street, NW <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement Catering/Meals Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8873 Date of Disbursement 11 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 114.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	6623.57
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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Amoco

Mailing Address 919 S Washington St

City Bismarck State ND Zip Code 58504

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8876

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

20.24

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Amoco

Mailing Address 919 S Washington St

City Bismarck State ND Zip Code 58504

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8875

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

25.51

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140 Dept A.

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8880

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

20.69

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140 Dept A.

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8881

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140 Dept A.

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8882

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140 Dept A.

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8885

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<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)
Earl Pomeroy for Congress

<p>A. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 1140 Dept A.</p> <p>City Memphis State TN Zip Code 38101</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8883</p> <p>Date of Disbursement 11 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 20.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address PO Box 1140 Dept A.</p> <p>City Memphis State TN Zip Code 38101</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8884</p> <p>Date of Disbursement 11 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 14.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Johnny's Half Shell</p> <p>Mailing Address 400 N. Capitol Street, NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Catering/Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8890</p> <p>Date of Disbursement 11 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2040.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Earl Pomeroy for Congress

A.	Full Name (Last, First, Middle Initial) Johnny's Half Shell	Transaction ID: D8891 Date of Disbursement 11 / 27 / 2007
	Mailing Address 400 N. Capitol Street, NW	Amount of Each Disbursement this Period 1300.00
	City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering/Meals	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: D8898 Date of Disbursement 11 / 27 / 2007
	Mailing Address 30 Ivy Street SE	Amount of Each Disbursement this Period 51.94
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering/meals	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: D8900 Date of Disbursement 11 / 27 / 2007
	Mailing Address 4360 13th Ave SW	Amount of Each Disbursement this Period 20.02
	City Fargo State ND Zip Code 58103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supplies	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Pirogue Grille

Mailing Address 121 N. 4th Street

City Bismarck State ND Zip Code 58501

Purpose of Disbursement
Catering/Meals
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8905
Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

583.70

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Pirogue Grille

Mailing Address 121 N. 4th Street

City Bismarck State ND Zip Code 58501

Purpose of Disbursement
Catering/Meals
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8904
Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

234.79

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Radisson Hotel Bismarck

Mailing Address 605 E Broadway Ave

City Bismarck State ND Zip Code 58501

Purpose of Disbursement
Hotel
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8911
Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

381.50

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
US House Gift Shop

Transaction ID: D8916

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	7	7

Mailing Address Gift Shop
Longworth HOB

Amount of Each Disbursement this Period

81.90

City Washington State DC Zip Code 20515

Purpose of Disbursement
Donor Gift

Category/ Type

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

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
US Postal Service

Transaction ID: D8920

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	7	7

Mailing Address 1111 20th St NW

Amount of Each Disbursement this Period

41.00

City Washington State DC Zip Code 20036

Purpose of Disbursement
Postage

Category/ Type

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

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
US Postal Service

Transaction ID: D8919

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	7	7

Mailing Address 1111 20th St NW

Amount of Each Disbursement this Period

41.00

City Washington State DC Zip Code 20036

Purpose of Disbursement
Postage

Category/ Type

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

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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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)

<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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address 1111 20th St NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8917

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

164.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address 1111 20th St NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8918

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

164.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Zaytinya

Mailing Address 701 19th Street, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Catering/Meals

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8925

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

330.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

54204.53

**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 98 / 99

<input type="checkbox"/> 17	<input checked="" 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)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Cmte

Transaction ID: D8865

Date of Disbursement

Mailing Address 430 South Capitol Street

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	7

City State Zip Code
Washington DC 20003

Amount of Each Disbursement this Period

20000.00

Purpose of Disbursement
Transfer of Excessive Campaign Funds

--

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: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

20000.00

**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)

PAGE 99 / 99

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

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NAME OF COMMITTEE (In Full)
Earl Pomeroy for Congress

A.

Full Name (Last, First, Middle Initial)
Harry Mitchell for Congress

Mailing Address PO Box 23748

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement
Contributions

Candidate Name
Harry Mitchell

Office Sought: House
 Senate
 President

State: AZ District: 05

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D8801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00