

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Hopefund, Inc.

ADDRESS (number and street) 607 14th Street, NW, Suite 800

Check if different than previously reported. (ACC)

Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00409052

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12G)

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 09 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Harvey Wineberg

Signature of Treasurer Electronically Filed by Harvey Wineberg Date 12 21 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Hopefund, Inc.

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		457884.03
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	1024563.87									
(c) Total Receipts (from Line 19)	135533.56	2275989.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1160097.43	2733873.19								
7. Total Disbursements (from Line 31)	137935.01	1711710.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1022162.42	1022162.42								
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									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
 Hopefund, Inc.

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	48340.00	1363997.46
(i) Itemized (use Schedule A)	81251.39	850409.74
(ii) Unitemized	129591.39	2214407.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	5075.00
(b) Political Party Committees	5000.00	37000.00
(c) Other Political Committees (such as PACs)	134591.39	2256482.20
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	267.50	11424.25
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	674.67	8082.71
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	135533.56	2275989.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	135533.56	2275989.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	125935.01	1508410.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	125935.01	1508410.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	193800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5000.00
29. Other Disbursements.....	2000.00	4500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	137935.01	1711710.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	137935.01	1711710.77

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	134591.39	2256482.20
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	134591.39	2251482.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	125935.01	1508410.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	267.50	11424.25
38. Net Operating Expenditures (subtract Line 37 from Line 36)	125667.51	1496986.52

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Constance F. Gipson		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 4609 Stollwood Drive		Transaction ID: C595763
City State Zip Code Carmichael CA 95608	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Pamela Johnson		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 11825 Winterset Terrace		Transaction ID: C595607
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jane Horn		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 24949 Sandhill Boulevard		Transaction ID: C596026
City State Zip Code Punta Gorda FL 33983	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. George Costello		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 7182 Snow Hill Road		Transaction ID: C596252	
City State Zip Code Salisbury MD 21804	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Lloyd Heidgerd		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 149 E Side Dr. Apt 301		Transaction ID: C597339	
City State Zip Code Concord NH 03301	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jocelyn Burton		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 3734 Brownstone Lane		Transaction ID: C596248	
City State Zip Code Winston Salem NC 27106	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Christopher Fordham

Mailing Address 96206 Carteret

City State Zip Code
 Chapel Hill NC 27517

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

Name of Employer University of North Carolina
 Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2006

Transaction ID: C595867

Amount of Each Receipt this Period
 25.00

B. Full Name (Last, First, Middle Initial)
 Miriam Jones Atkins, M.D.

Mailing Address 3993 Hammonds Ferry

City State Zip Code
 Evans GA 30809

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

Name of Employer Self-Employed
 Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2006

Transaction ID: C597087

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
 Jeffrey Levy-Hinte

Mailing Address 26 Hingham St.
 Apt 2

City State Zip Code
 Cambridge MA 02138

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

Name of Employer Antidote Films, Inc.
 Occupation Film Producer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2006

Transaction ID: C595131

Amount of Each Receipt this Period
 4000.00

SUBTOTAL of Receipts This Page (optional)	▶	4225.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Richard D. Jaffe

Mailing Address 5805 S Dorchester Avenue

City State Zip Code
 Chicago IL 60637

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 11 / 2006

Transaction ID: C596259

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
 Mary A. Coggeshall

Mailing Address 4129 Fellowship Road

City State Zip Code
 Basking Ridge NJ 07920-3906

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2006

Transaction ID: C595718

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
 Jeremy Mindich

Mailing Address 838 W End Ave.
 Apt 10D

City State Zip Code
 New York NY 10025

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

Name of Employer Occupation
 Scopia Capital Financial Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2006

Transaction ID: C595134

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Antoni Diehl

Mailing Address 13106 W 75th Terrace

City State Zip Code
 Shawnee KS 66216

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2006

Transaction ID: C597090

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
 Paul Harmon

Mailing Address 3714 Inwood Drive

City State Zip Code
 Houston TX 77019

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

Name of Employer Occupation
 Self Employed Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 680.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2006

Transaction ID: C595605

Amount of Each Receipt this Period
 190.00

C. Full Name (Last, First, Middle Initial)
 Chris Mack

Mailing Address 297 Strawtown Rd

City State Zip Code
 New City NY 10956

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

Name of Employer Occupation
 JP Morgan Chase Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2006

Transaction ID: C596911

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional)	▶	2390.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Montgomery Hester

Mailing Address 5414 Rincon Beach Park Drive

City State Zip Code
 Ventura CA 93001

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2006

Transaction ID: C595726

Amount of Each Receipt this Period
 100.00

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

Mailing Address 1856 Zion Church Road

City State Zip Code
 Maurertown VA 22644

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

Name of Employer Occupation
 Front Royal Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 11 / 2006

Transaction ID: C596269

Amount of Each Receipt this Period
 150.00

C. Full Name (Last, First, Middle Initial)
 Joseph Goodman

Mailing Address 570 University Ave.

City State Zip Code
 Los Altos CA 94022

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 19 / 2006

Transaction ID: C597049

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Barry Halperin		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006
Mailing Address 1018 Bucida Road		Transaction ID: C596979
City State Zip Code Delray Beach FL 33483	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer JA Cole Realty	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. John Lewis		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 600 West 111th Street Apt 14B		Transaction ID: C595132
City State Zip Code New York NY 10025-1813	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Harvey Heller		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 1458 Grandview Avenue		Transaction ID: C595766
City State Zip Code Glendale CA 91201	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Janet Greenlees		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address PO Box 29		Transaction ID: C596256
City State Zip Code Chester VT 05143	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Robert Texido		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 1601 Bayhouse Point Dr. Apt BA206		Transaction ID: C597212
City State Zip Code Sarasota FL 34231	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Jerry Rubin		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 998 E Circle Drive		Transaction ID: C597226
City State Zip Code Milwaukee WI 53217	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Rubin, Inc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Architect Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	740.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 1348 Fruitdale Ave.
 Ste G3

City State Zip Code
 San Jose CA 95126

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

Name of Employer Occupation
 Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 6

Transaction ID: C595656

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
 Mary Page

Mailing Address 1030 Ridge Ave

City State Zip Code
 Evanston IL 60202-1240

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

Name of Employer Occupation
 Northwestern University Professor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 6

Transaction ID: C595135

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
 Barbara Foote

Mailing Address 474 Savage Farm Drive

City State Zip Code
 Ithaca NY 14850

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

Name of Employer Occupation
 Retired

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 6

Transaction ID: C596465

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Milt Genser		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 19 London Drive		Transaction ID: C597048	
City State Zip Code Monroe Townsh NJ 08831	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Diane Hewat		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address PO Box 609		Transaction ID: C596469	
City State Zip Code Salisbury CT 06068	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Letitia Upton		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1010 Waltham St. Apt A301		Transaction ID: C597228	
City State Zip Code Lexington MA 02421	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 350.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Barbara Robinson

Mailing Address 3480 Mountain View Avenue

City State Zip Code
 Carmel CA 93923

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

Name of Employer Occupation
 Self Employed Therapist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2006

Transaction ID: C595738

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
 Michael Mc Nurney

Mailing Address 1721 SW 43rd Ave.

City State Zip Code
 Ft. Lauderdale FL 33317

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

Name of Employer Occupation
 American Engineering, Inc. Equipment Operator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 11 / 2006

Transaction ID: C596224

Amount of Each Receipt this Period
 35.00

C. Full Name (Last, First, Middle Initial)
 Virginia Martin

Mailing Address 340 S Route 94

City State Zip Code
 Warwick NY 10990

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

Name of Employer Occupation
 Borderland Farm, Inc. Riding Instructor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2006

Transaction ID: C596440

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)	▶	185.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Gabriel Rosenshine

Mailing Address 2312 Eastlake Avenue E

City State Zip Code
 Seattle WA 98102

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

Name of Employer Occupation
 ReMax Real Estate

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2006

Transaction ID: C597122

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
 Elma Holden

Mailing Address 4526 Haverhill Lane

City State Zip Code
 Corpus Christ TX 78411

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

Name of Employer Occupation
 Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2006

Transaction ID: C596025

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
 Greta Walker

Mailing Address 70 Riverside Drive

City State Zip Code
 New York NY 10024

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

Name of Employer Occupation
 Information Requested Information Requested

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2006

Transaction ID: C595745

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Erl Dordal		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 892 Castle Falls Drive		Transaction ID: C597210
City State Zip Code Atlanta GA 30329	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Betty Mazzoni		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 118 Dyer Court		Transaction ID: C595653
City State Zip Code Vallejo CA 94591	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jeanne W. Eisenstadt		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 2003 Leila Dr.		Transaction ID: C595600
City State Zip Code Loveland CO 80538	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Kandy Hille

Mailing Address PO Box 633

City State Zip Code
 West Columbia TX 77486

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

Name of Employer Occupation
 Texas Parks Department State Parks Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2006

Transaction ID: C597022

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
 Baird Bardarson

Mailing Address 415 W Mercer Street
 Apt. 304

City State Zip Code
 Seattle WA 98119

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2006

Transaction ID: C596636

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
 Thomas Bensberg

Mailing Address 134 Bensberg Rd.

City State Zip Code
 Camden AR 71701-7409

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2006

Transaction ID: C596601

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)	▶	225.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 107 Stanton Rd.

City Danville State VT Zip Code 05828

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

Name of Employer Self Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 01 / 2006

Transaction ID: C595359

Amount of Each Receipt this Period
 75.00

B. Full Name (Last, First, Middle Initial)
 Leslie F. Pomerantz

Mailing Address 15 W 81st Street Apt 10

City New York State NY Zip Code 10024

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2006

Transaction ID: C596840

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
 Joseph Liszka

Mailing Address PO Box 1643

City Key West State FL Zip Code 33041

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

Name of Employer Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2006

Transaction ID: C596033

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)	▶	425.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. David B. Harris		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 25 West 81st Street Apartment 4B		Transaction ID: C595042
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Children's Research & Education In	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Ellis Bradford		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 3000 Galloway Ridge Apt .C-208		Transaction ID: C596457
City State Zip Code Pittsboro NC 27312	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Bernard W. Agranoff		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 1942 Boulder Drive		Transaction ID: C595746
City State Zip Code Ann Arbor MI 48104-4614	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	5400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Mary Stewart		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 34 Sutherland Ct.		Transaction ID: C596480	
City Littleton	State CO	Zip Code 80130-3937	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Guy Hicks		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 3740 Rockhill Road		Transaction ID: C596470	
City Birmingham	State AL	Zip Code 35223	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Marjorie Fasman		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 701 N Rexford Dr.		Transaction ID: C596463	
City Beverly Hills	State CA	Zip Code 90210	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. J. Clark		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 1022 Crestwood Dr.		Transaction ID: C596251	
City State Zip Code Hancock MI 49930	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Eudora Tite		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 5274 Himes Lane		Transaction ID: C596271	
City State Zip Code Kettering OH 45429	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Rita Blitt		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006	
Mailing Address 8900 State Line Road Suite 333		Transaction ID: C597089	
City State Zip Code Leawood KS 66206	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Artist Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopfund, Inc.

Full Name (Last, First, Middle Initial) A. Maryellen T. Mori		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 10951 Santa Teresa Drive		Transaction ID: C597225	
City State Zip Code Cupertino CA 95014-4724	Amount of Each Receipt this Period 230.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 530.00		

Full Name (Last, First, Middle Initial) B. Anna Timmons		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address P.O. Box 428		Transaction ID: C597412	
City State Zip Code Mackinac Island MI 49757	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. Richard Gorr		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 50 Glenbrook Road Apt 15E		Transaction ID: C597245	
City State Zip Code Stamford CT 06902	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	455.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Clayton Timmons		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address PO Box 428		Transaction ID: C597413	
City Mackinac Island	State MI	Zip Code 49757	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

B. Full Name (Last, First, Middle Initial) Sarah Page		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 5200 N Knoxville Ave. Apt 203S		Transaction ID: C596782	
City Peoria	State IL	Zip Code 61614-5053	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Drusilla Garland		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 4620 Anolani St.		Transaction ID: C596492	
City Kapaa	State HI	Zip Code 96746-1416	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kauai Mortgage Company	Occupation Office Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 85		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Ashley Foard		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 2928 Laurel Way		Transaction ID: C596464	
City State Zip Code Nampa ID 83686	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. T. Cadwallader		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address D-112 Pennswood Vlg.		Transaction ID: C596459	
City State Zip Code Newtown PA 18940	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Calvin Goode		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 1508 E Jefferson St.		Transaction ID: C597159	
City State Zip Code Phoenix AZ 85034	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 1479 Tangier Way

City State Zip Code
 Sarasota FL 34239

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2006

Transaction ID: C596018

Amount of Each Receipt this Period
 125.00

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

Mailing Address 17110 Pine Ave.

City State Zip Code
 Los Gatos CA 95032

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

Name of Employer Occupation
 Los Gatos Union School District Teacher

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 06 / 2006

Transaction ID: C595130

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
 Corinne Rumley

Mailing Address 249 Hall Road

City State Zip Code
 Mayodan NC 27027

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

Name of Employer Occupation
 Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2006

Transaction ID: C596478

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)	▶	575.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Jane Wilson		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 10695 N Lung Ln.		Transaction ID: C596044
City State Zip Code Syracuse IN 46567	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Thomas Berg		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 5351 Edgehill Cir.		Transaction ID: C596777
City State Zip Code Ventura CA 93003-1128	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Helga Slessarev		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 1101 Butterfield Road		Transaction ID: C595665
City State Zip Code San Anselmo CA 94960	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Edwin Guthman		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 1061 Ravoli Drive		Transaction ID: C596466	
City State Zip Code Pacific Palis CA 90272	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Southern California	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Ottavio Lorenzo		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 22 River Road		Transaction ID: C595732	
City State Zip Code Rollinsford NH 03869	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Mary Sanford		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 3694 Woodlawn Terrace Place		Transaction ID: C596479	
City State Zip Code Honolulu HI 96822	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Fred C Taylor		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 228 Buxton Road		Transaction ID: C596908
City State Zip Code Falls Church VA 22046	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Capital Group of Companies	Occupation Investment Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. C. Bruce Clark		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 821 Raymundo Ave.		Transaction ID: C595750
City State Zip Code Los Altos CA 94024	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jean Liebert		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 510 NW Survista Ave.		Transaction ID: C596641
City State Zip Code Corvallis OR 97330	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	5200.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 John Balint

Mailing Address 7 La Grange Road

City State Zip Code
 Delmar NY 12054

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

Name of Employer Occupation
 Albany Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2006

Transaction ID: C596456

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 Arthur Olson

Mailing Address 518 W Spokane Ave.

City State Zip Code
 Coeur D Alene ID 83814

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

Name of Employer Occupation
 Information Requested Information Requested

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2006

Transaction ID: C597092

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
 Catherine Thoburn

Mailing Address 4001 Glacier Hills Drive
 Unit 217

City State Zip Code
 Ann Arbor MI 48105

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

Name of Employer Occupation
 Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2006

Transaction ID: C596893

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Robert Perelman		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 18 Lorraine Drive		Transaction ID: C596268	
City State Zip Code Woodbridge CT 06525	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Times Microwave	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Phyllis Boutilier		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006	
Mailing Address 51378 Blue Top Cabin Road		Transaction ID: C596974	
City State Zip Code Houghton MI 49931	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Doreen A. Quinn		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 569 Evanswood Place		Transaction ID: C596475	
City State Zip Code Cincinnati OH 45220-1526	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. George Mc Elroy		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 335 McMillan Rd.		Transaction ID: C595133	
City State Zip Code Grosse Pointe Farm MI 48236	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Deborah Brittan		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 2226 Isle Royale Ln.		Transaction ID: C596458	
City State Zip Code Davis CA 95616-6616	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Deborah Brittan & Associates Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Financial Manager Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. George Schwartz		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 19450 Waterloo Road		Transaction ID: C596447	
City State Zip Code Chelsea MI 48118	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Maxine Dull		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 2770 Hillcrest Drive		Transaction ID: C596367	
City State Zip Code La Verne CA 91750	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sandra Hauser		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 275 W 96th St. Apt 9F		Transaction ID: C595318	
City State Zip Code New York NY 10025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Sonnenschein Nath & Rosen- thal Attorney	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Clarence Fogelstrom		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 322 Maryland Avenue NE		Transaction ID: C595759	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Margaret Dwyer

Mailing Address 1864 Dalton Drive

City State Zip Code
 Lady Lake FL 32162

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2006

Transaction ID: C596019

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
 Norma Jenkins

Mailing Address 4900 Telegraph Road
 Apt. 310

City State Zip Code
 Ventura CA 93003

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

Name of Employer Information Requested Occupation
 Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2006

Transaction ID: C595991

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
 Harriet Gardner

Mailing Address 5370 Firenze Dr. C

City State Zip Code
 Boynton Beach FL 33437

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 15 / 2006

Transaction ID: C596491

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

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

Mailing Address 233 Medford Leas

City Medford State NJ Zip Code 08055

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2006

Transaction ID: C596462

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 David W. Kistler

Mailing Address 52 Maffett Street

City Wilkes Barre State PA Zip Code 18702

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2006

Transaction ID: C597190

Amount of Each Receipt this Period
 125.00

C. Full Name (Last, First, Middle Initial)
 Robert Beckwith

Mailing Address 2794 Camden Road

City Clearwater State FL Zip Code 33759

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

Name of Employer Beckwith Electrical Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2006

Transaction ID: C597223

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Bayard T. Storey

Mailing Address 1919 Brandywine St.

City Philadelphia State PA Zip Code 19130

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: C597094

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
 Mary Ahern

Mailing Address 202 Brooksby Village Drive

City Peabody State MA Zip Code 01960

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 6

Transaction ID: C596454

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
 Eugenie Bradford

Mailing Address 4800 Fillmore Ave.
 Apt 1359

City Alexandria State VA Zip Code 22311

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: C597224

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Jules Heumann		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 175 Saint Germain Avenue		Transaction ID: C596468	
City State Zip Code San Francisco CA 94114	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Audrey Donkin		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 21 Baldwin Lane		Transaction ID: C596366	
City State Zip Code Amherst MA 01002	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Martin Kammermeier		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address 54 Willow Creek Drive		Transaction ID: C596028	
City State Zip Code Waite Park MN 56387	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. F. Lang		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 2701 Curtis Way		Transaction ID: C596262	
City State Zip Code Sacramento CA 95818	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Emily Fisher		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 517 Kelsey Road		Transaction ID: C597091	
City State Zip Code Sheffield MA 01257	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 5500.00		
		\$500 Refunded 10/06	

Full Name (Last, First, Middle Initial) C. Margaret Riley		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 11 Hawthorn Grove Dr.		Transaction ID: C597321	
City State Zip Code Hawthorn Woods IL 60047	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 720.00		

SUBTOTAL of Receipts This Page (optional) ▶	5120.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 85		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Sydney Spoford		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1954 Michigan Avenue		Transaction ID: C597093	
City State Zip Code Marysville MI 48040	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Barbara Burnim		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 6 Artichoke Terrace		Transaction ID: C596247	
City State Zip Code Newburyport MA 01950-6256	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Applied Graphics, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Business Executive Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Nolan Jones		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 1033 Michigan Avenue NE		Transaction ID: C596260	
City State Zip Code Washington DC 20017	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. James Clary		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 520 Lake Cook Rd.		Transaction ID: C596461	
City State Zip Code Deerfield IL 60015-5611	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mullin Consulting, Inc.	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Margaret Gibbons		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 1009 Blossom River Way Apt 156		Transaction ID: C595762	
City State Zip Code San Jose CA 95123	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Donald Ballou		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 256 Weybridge St.		Transaction ID: C595633	
City State Zip Code Middlebury VT 05753	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Peter Chapin		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 49 Calle San Martin		Transaction ID: C596460
City State Zip Code Santa Fe NM 87506	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Artist	Aggregate Year-to-Date ▼ 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Emily B. Harris		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 25 West 81st Street Apartment 4B		Transaction ID: C595043
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David McCabe		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 1326 K St.		Transaction ID: C596473
City State Zip Code Anchorage AK 99501	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Retired	Aggregate Year-to-Date ▼ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	6300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Priscilla Kschinka		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 2150 Indian Creek Blvd. East Apartment B220		Transaction ID: C595992
City State Zip Code Vero Beach FL 32966	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Frank Brown		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address PO Box 99		Transaction ID: C596015
City State Zip Code Middleton MA 01949	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Donald A. Stearns		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 166 Powells Cove Blvd. Apt 25		Transaction ID: C596005
City State Zip Code Beechhurst NY 11357	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Alice Hall

Mailing Address 273 Upland Road

City State Zip Code
 Cambridge MA 02140

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 6

Transaction ID: C596467

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
 George Bogert

Mailing Address 159 Bishopscourt Road

City State Zip Code
 Osprey FL 34229

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 7 / 2 0 0 6

Transaction ID: C596014

Amount of Each Receipt this Period
 150.00

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

Mailing Address 10952 Savona Rd.

City State Zip Code
 Los Angeles CA 90077

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 6

Transaction ID: C596474

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Joan Lafon		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 1900 Lauderdale Dr. Apt A-120		Transaction ID: C597211
City Richmond State VA Zip Code 23238	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Barry Skeist		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 738 Douglas Dr.		Transaction ID: C596448
City Waverly State NY Zip Code 14892	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Guthrie Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Gladys Irvin		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006
Mailing Address 9900 S Ocean Drive Apt 501		Transaction ID: C596705
City Jensen Beach State FL Zip Code 34957	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Lillian E. Kraemer		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 2 Beekman Place Apartment 14C		Transaction ID: C596472
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Joseph B. Rosenblatt		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 575 8th Ave Rm 2400		Transaction ID: C596651
City State Zip Code New York NY 10018-3024	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mae Stadler		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 28 Bretano Way		Transaction ID: C597081
City State Zip Code Greenbrae CA 94904	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Gordon Asselstine

Mailing Address 4408 Country Club Road

City State Zip Code
 Minneapolis MN 55424

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2006

Transaction ID: C596455

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
 Mary Jones

Mailing Address 1631 Suter Lane NW

City State Zip Code
 Washington DC 20007

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

Name of Employer Occupation
 Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2006

Transaction ID: C596373

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
 Yilmaz Halac

Mailing Address 1466 East 56th Street

City State Zip Code
 Chicago IL 60637

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

Name of Employer Occupation
 City of Chicago Computer Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2006

Transaction ID: C596912

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. J.C. Whetzel		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 5036 Castleman St.		Transaction ID: C597213	
City Pittsburgh	State PA	Zip Code 15232	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Richard B. Tweedy		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 34 Pasture Ln.		Transaction ID: C596238	
City Darien	State CT	Zip Code 06830	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David Fry		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 3210 Boston Street		Transaction ID: C595674	
City Midland	State MI	Zip Code 48642	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hopfund, Inc.

Full Name (Last, First, Middle Initial) A. Annie Ricks		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address PO Box 1495		Transaction ID: C596477	
City Shepherdstown	State WV	Zip Code 25443	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Elizabeth H Meiklejohn		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 183 Silver Street		Transaction ID: C596265	
City Granville	State MA	Zip Code 01034	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) C. William Nolan		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 1717 Trout Gulch Road		Transaction ID: C596781	
City Aptos	State CA	Zip Code 95003	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	48340.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 50 / 85	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Laborers' Political League-Laborers' International	
Mailing Address 905 16th Street NW Second Floor	
City Washington	State Zip Code DC 20006
FEC ID number of contributing federal political committee.	C C00007922
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Transaction ID: C596890
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 51 / 85	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Roll Call

Mailing Address 50 F St NW

City State Zip Code
 Washington DC 20001-1530

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 267.50

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2006

Transaction ID: C593960

Amount of Each Receipt this Period
 267.50

Refund

SUBTOTAL of Receipts This Page (optional)	▶	267.50
TOTAL This Period (last page this line number only)	▶	267.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 52 / 85	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

A. Full Name (Last, First, Middle Initial)
 Citibank FSB

Mailing Address P.O. Box 18967

City State Zip Code
 Washington DC 20036-0967

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 8082.71

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2006

Transaction ID: C597410

Amount of Each Receipt this Period
 674.67

* Interest

SUBTOTAL of Receipts This Page (optional)	▶	674.67
TOTAL This Period (last page this line number only)	▶	674.67

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) Jordan Kaplan		Transaction ID: D11177 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 2301 Champlain Street NW		Amount of Each Disbursement this Period 1070.56
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Jordan Kaplan		Transaction ID: D11178 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 2301 Champlain Street NW		Amount of Each Disbursement this Period 1070.56
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Fidelity Investments		Transaction ID: D11172 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 145421		Amount of Each Disbursement this Period 1400.00
City Cincinnati State OH Zip Code 45250-5421	Purpose of Disbursement Employee Retirement Plan Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3541.12
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Consolidated Printing Company, Inc.		Transaction ID: D11168 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 4042 N Nashville Ave		Amount of Each Disbursement this Period 594.25
City Chicago State IL Zip Code 60634-1427	Category/ Type	
Purpose of Disbursement Printing		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Consolidated Printing Company, Inc.		Transaction ID: D11169 Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2006
Mailing Address 4042 N Nashville Ave		Amount of Each Disbursement this Period 370.84
City Chicago State IL Zip Code 60634-1427	Category/ Type	
Purpose of Disbursement Printing		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Comcast		Transaction ID: D11167 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address P.O. Box 827554		Amount of Each Disbursement this Period 53.35
City Philadelphia State PA Zip Code 19182-7554	Category/ Type	
Purpose of Disbursement Cable TV		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1018.44
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. WMATA		Transaction ID: D11202 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 600 Fifth Street NW		Amount of Each Disbursement this Period 45.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Travel	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert Gibbs		Transaction ID: D11194 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 3737 Keller Avenue		Amount of Each Disbursement this Period 2245.71
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Salary	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Robert Gibbs		Transaction ID: D11195 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 3737 Keller Avenue		Amount of Each Disbursement this Period 2245.71
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Salary	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4536.42
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. SunTrust		Transaction ID: D11182 Date of Disbursement 09 / 12 / 2006
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 15.80
City Hagerstown State MD Zip Code 21741	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. SunTrust		Transaction ID: D11183 Date of Disbursement 09 / 12 / 2006
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 24.80
City Hagerstown State MD Zip Code 21741	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. SunTrust		Transaction ID: D11181 Date of Disbursement 09 / 12 / 2006
Mailing Address P.O. Box 6600		Amount of Each Disbursement this Period 3.87
City Hagerstown State MD Zip Code 21741	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	44.47
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Citibank FSB Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 18967 City Washington State DC Zip Code 20036-0967 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11166 Date of Disbursement 09 / 08 / 2006 Amount of Each Disbursement this Period 10.00 Category/Type
--	--	--

B. American Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 260002 City Fort Lauderdale State FL Zip Code 33336-0001 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11162 Date of Disbursement 09 / 05 / 2006 Amount of Each Disbursement this Period .66 Category/Type
--	--	--

C. James D. Brayton Full Name (Last, First, Middle Initial) Mailing Address 2175 Jennings Road City Kensington State MD Zip Code 20895 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11173 Date of Disbursement 09 / 14 / 2006 Amount of Each Disbursement this Period 782.22 Category/Type
---	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	792.88
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) James D. Brayton		Transaction ID: D11174 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 2175 Jennings Road		Amount of Each Disbursement this Period 782.22
City Kensington State MD Zip Code 20895	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

B. Full Name (Last, First, Middle Initial) Verizon		Transaction ID: D11200 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 338.39
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement Telephone Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

C. Full Name (Last, First, Middle Initial) Perkins Coie, LLP		Transaction ID: D11188 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 1201 3rd Avenue, 40th Floor		Amount of Each Disbursement this Period 2037.55
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal & Accounting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3158.16
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 85

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Perkins Coie, LLP		Transaction ID: D11189 Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
Mailing Address 1201 3rd Avenue, 40th Floor		Amount of Each Disbursement this Period 2174.13
City Seattle State WA Zip Code 98101		
Purpose of Disbursement Legal & Accounting Services	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Deer Park		Transaction ID: D11170 Date of Disbursement MM / DD / YYYY 09 / 12 / 2006
Mailing Address PO Box 856192		Amount of Each Disbursement this Period 42.63
City Louisville State KY Zip Code 40285		
Purpose of Disbursement Water	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Alyssa Mastromonaco		Transaction ID: D11160 Date of Disbursement MM / DD / YYYY 09 / 14 / 2006
Mailing Address 19 5th Street SE Floor 2		Amount of Each Disbursement this Period 1807.64
City Washington State DC Zip Code 20003		
Purpose of Disbursement Salary	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4024.40
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Alyssa Mastromonaco		Transaction ID: D11161 Date of Disbursement 09 / 29 / 2006
Mailing Address 19 5th Street SE Floor 2		Amount of Each Disbursement this Period 1807.64
City Washington State DC Zip Code 20003	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. D.H. Lloyd & Associates, Inc.		Transaction ID: D11171 Date of Disbursement 09 / 12 / 2006
Mailing Address 1625 K Street NW Suite 400		Amount of Each Disbursement this Period 1282.10
City Washington State DC Zip Code 20006	Purpose of Disbursement Insurance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wellstone Action		Transaction ID: D11203 Date of Disbursement 09 / 26 / 2006
Mailing Address 821 Raymond Avenue Suite 260		Amount of Each Disbursement this Period 5200.00
City Saint Paul State MN Zip Code 55114	Purpose of Disbursement Training Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8289.74
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Lorrie Nash		Transaction ID: D11180 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006	
Mailing Address 8227 S. Octavia		Amount of Each Disbursement this Period 1350.90	
City Bridgeview	State IL	Zip Code 60455	Category/ Type
Purpose of Disbursement Reimbursement - Travel			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Jennifer F. Yeager		Transaction ID: D11175 Date of Disbursement MM / DD / YYYY 09 / 14 / 2006	
Mailing Address 1501 Caroline Street NW		Amount of Each Disbursement this Period 1206.14	
City Washington	State DC	Zip Code 20009	Category/ Type
Purpose of Disbursement Salary			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Jennifer F. Yeager		Transaction ID: D11176 Date of Disbursement MM / DD / YYYY 09 / 29 / 2006	
Mailing Address 1501 Caroline Street NW		Amount of Each Disbursement this Period 1206.14	
City Washington	State DC	Zip Code 20009	Category/ Type
Purpose of Disbursement Salary			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶

3763.18

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Reginald Love		Transaction ID: D11190 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 450.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Reginald Love		Transaction ID: D11191 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 154.23
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Reginald Love		Transaction ID: D11192 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 154.23
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Salary Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	758.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Reginald Love		Transaction ID: D11193 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 450.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Salary		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: D11184 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 5372.75
City Fairfax State VA Zip Code 22031	Category/ Type	
Purpose of Disbursement Payroll Taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex, Inc.		Transaction ID: D11186 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 224.87
City Fairfax State VA Zip Code 22031	Category/ Type	
Purpose of Disbursement Payroll Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

6047.62

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Paychex, Inc.		Transaction ID: D11185 Date of Disbursement MM / DD / YYYY 09 / 15 / 2006
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 5024.15
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paychex, Inc.		Transaction ID: D11187 Date of Disbursement MM / DD / YYYY 09 / 29 / 2006
Mailing Address 3060 Williams Drive Suite 200		Amount of Each Disbursement this Period 5018.82
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. 235 Massachusetts Avenue LLC		Transaction ID: D11150 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 2155.70
City Washington State DC Zip Code 20002	Purpose of Disbursement Rent Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	12198.67
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. 235 Massachusetts Avenue LLC		Transaction ID: D11151 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6	
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 598.60	
City Washington State DC Zip Code 20002	Purpose of Disbursement Utilities & Office Expenses Candidate Name <input type="text"/> Category/Type <input type="text"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. A.B. Data		Transaction ID: D11152 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6	
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 3000.00	
City Milwaukee State WI Zip Code 53217-2600	Purpose of Disbursement Direct Mail Consulting Services Candidate Name <input type="text"/> Category/Type <input type="text"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. A.B. Data		Transaction ID: D11153 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6	
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 1439.07	
City Milwaukee State WI Zip Code 53217-2600	Purpose of Disbursement Direct Mail Candidate Name <input type="text"/> Category/Type <input type="text"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5037.67
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. A.B. Data		Transaction ID: D11154 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 40.00
City Milwaukee State WI Zip Code 53217-2600	Purpose of Disbursement Direct Mail Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. A.B. Data		Transaction ID: D11155 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 660.76
City Milwaukee State WI Zip Code 53217-2600	Purpose of Disbursement Direct Mail Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. A.B. Data		Transaction ID: D11157 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 40.00
City Milwaukee State WI Zip Code 53217-2600	Purpose of Disbursement Direct Mail Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	740.76
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. A.B. Data		Transaction ID: D11156 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 9100.00
City Milwaukee State WI Zip Code 53217-2600	Purpose of Disbursement Direct Mail	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. A.B. Data		Transaction ID: D11158 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 8050 N. Port Washington Road		Amount of Each Disbursement this Period 33750.00
City Milwaukee State WI Zip Code 53217-2600	Purpose of Disbursement Direct Mail	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Squier Knapp Dunn Communications		Transaction ID: D11196 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 1818 North Street, NW Suite 450		Amount of Each Disbursement this Period 5154.58
City Washington State DC Zip Code 20036	Purpose of Disbursement Political Consulting & Expenses	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	48004.58
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Squier Knapp Dunn Communications		Transaction ID: D11197 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2006
Mailing Address 1818 North Street, NW Suite 450		Amount of Each Disbursement this Period 5027.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Political Consulting & Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AKP Message & Media		Transaction ID: D11159 Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 730 North Franklin Street Suite 404		Amount of Each Disbursement this Period 5000.00
City Chicago State IL Zip Code 60610	Purpose of Disbursement Political Consulting Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lexis Nexis		Transaction ID: D11179 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address P.O. Box 7247-7090		Amount of Each Disbursement this Period 182.95
City Philadelphia State PA Zip Code 19170-7090	Purpose of Disbursement Research Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10209.95
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Catherine Mbacho		Transaction ID: D11164 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 779.63
City Washington State DC Zip Code 20002	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Catherine Mbacho		Transaction ID: D11165 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 235 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 779.63
City Washington State DC Zip Code 20002	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tori L. Scarborough		Transaction ID: D11198 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 1042 Spring Valley Court		Amount of Each Disbursement this Period 1083.16
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2642.42
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Tori L. Scarborough		Transaction ID: D11199 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1042 Spring Valley Court		Amount of Each Disbursement this Period 1083.16
City Fort Washington State MD Zip Code 20744	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CareFirst Blue Cross Blue Shield		Transaction ID: D11163 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 840 First Street, NE		Amount of Each Disbursement this Period 1316.81
City Washington State DC Zip Code 20065	Purpose of Disbursement Insurance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D11118 Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address PO Box 260002		Amount of Each Disbursement this Period 459.31
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Credit Card Payment, See Below Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2859.28
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopfund, Inc.

A. Hotels.com Full Name (Last, First, Middle Initial) Mailing Address 8140 Walnut Hill Ln City Dallas State TX Zip Code 75231-4350 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11120 Date of Disbursement 09 / 28 / 2006 Amount of Each Disbursement this Period 163.75 [MEMO ITEM]
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B. Jesse's Embers Full Name (Last, First, Middle Initial) Mailing Address 3301 Ingersoll Avenue City Des Moines State IA Zip Code 50312 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11121 Date of Disbursement 09 / 28 / 2006 Amount of Each Disbursement this Period 228.85 [MEMO ITEM]
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C. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address 433 West Harrison City Chicago State IL Zip Code 60680 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11119 Date of Disbursement 09 / 28 / 2006 Amount of Each Disbursement this Period 18.80 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D11124 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 260002		Amount of Each Disbursement this Period 8236.33
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Credit Card Paymentt, See Below Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Pair Networks		Transaction ID: D11127 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 2403 Sidney Street Suite 510		Amount of Each Disbursement this Period 29.95
City Pittsburgh State PA Zip Code 15203	Purpose of Disbursement Web Hosting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Delta Air Lines		Transaction ID: D11145 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address Post Office Box 20537		Amount of Each Disbursement this Period 89.30
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	8236.33
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Budget Conferencing		Transaction ID: D11149 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 60 State Street Center		Amount of Each Disbursement this Period 41.29
City Boston State MA Zip Code 02109	[MEMO ITEM]	
Purpose of Disbursement Telephone Service Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Hotel Fort Des Moines		Transaction ID: D11208 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 1000 Walnut Street		Amount of Each Disbursement this Period 121.47
City Des Moines State IA Zip Code 50309	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Hotel Fort Des Moines		Transaction ID: D11210 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 1000 Walnut Street		Amount of Each Disbursement this Period 123.59
City Des Moines State IA Zip Code 50309	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Hotel Fort Des Moines Full Name (Last, First, Middle Initial) Mailing Address 1000 Walnut Street City Des Moines State IA Zip Code 50309 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11209 Date of Disbursement 09 / 27 / 2006 Amount of Each Disbursement this Period 110.88 [MEMO ITEM]
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B. Staples Full Name (Last, First, Middle Initial) Mailing Address 500 Staples Drive City Framingham State MA Zip Code 01702 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11226 Date of Disbursement 09 / 27 / 2006 Amount of Each Disbursement this Period 83.01 [MEMO ITEM]
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C. Staples Full Name (Last, First, Middle Initial) Mailing Address 500 Staples Drive City Framingham State MA Zip Code 01702 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11227 Date of Disbursement 09 / 27 / 2006 Amount of Each Disbursement this Period 93.18 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Staples Full Name (Last, First, Middle Initial) Mailing Address 500 Staples Drive City Framingham State MA Zip Code 01702 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11225 Date of Disbursement 09 / 27 / 2006 Amount of Each Disbursement this Period 21.14 [MEMO ITEM]
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B. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 8229 City Aurora State IL Zip Code 60572 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11128 Date of Disbursement 09 / 27 / 2006 Amount of Each Disbursement this Period 354.17 [MEMO ITEM]
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C. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 8229 City Aurora State IL Zip Code 60572 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D11134 Date of Disbursement 09 / 27 / 2006 Amount of Each Disbursement this Period 246.11 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D11231 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address PO Box 260002		Amount of Each Disbursement this Period 181.68
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Bank Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Creative Travel, Inc.		Transaction ID: D11135 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 530 Duane Street		Amount of Each Disbursement this Period 325.00
City Glen Ellyn State IL Zip Code 60137	Purpose of Disbursement Travel Agent Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. T-Mobile		Transaction ID: D11130 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 233 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 41.70
City Washington State DC Zip Code 20003	Purpose of Disbursement Telephone Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

A. Full Name (Last, First, Middle Initial) 21C Museum Hotel		Transaction ID: D11205 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 700 Main Street		Amount of Each Disbursement this Period 282.26
City Louisville State KY Zip Code 40202	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) 21C Museum Hotel		Transaction ID: D11204 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 700 Main Street		Amount of Each Disbursement this Period 284.66
City Louisville State KY Zip Code 40202	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) US Postmaster		Transaction ID: D11126 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 390.00
City Washington State DC Zip Code 20002	[MEMO ITEM]	
Purpose of Disbursement Postage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. US Postmaster		Transaction ID: D11215 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 162.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. US Postmaster		Transaction ID: D11228 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address National Capitol Station 2 Massachusetts Avenue NE		Amount of Each Disbursement this Period 456.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Amtrak		Transaction ID: D11131 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 60 Massachusetts Avenue NE		Amount of Each Disbursement this Period 168.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: D11132 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address P.O. Box 920041		Amount of Each Disbursement this Period 394.66
City Dallas State TX Zip Code 75392	[MEMO ITEM]	
Purpose of Disbursement Telephone Service Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: D11144 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 90.30
City Dallas State TX Zip Code 75261-9612	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: D11136 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 275.30
City Dallas State TX Zip Code 75261-9612	[MEMO ITEM]	
Purpose of Disbursement Travel Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: D11139 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 210.30
City Chicago State IL Zip Code 60631-3200	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: D11143 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 275.30
City Chicago State IL Zip Code 60631-3200	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: D11142 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 275.30
City Chicago State IL Zip Code 60631-3200	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: D11140 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 275.30
City Chicago State IL Zip Code 60631-3200	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: D11138 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 99.30
City Chicago State IL Zip Code 60631-3200	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: D11137 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 524.60
City Chicago State IL Zip Code 60631-3200	[MEMO ITEM]	
Purpose of Disbursement Travel		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: D11141 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 8550 W Bryn Mawr Ave		Amount of Each Disbursement this Period 275.30 [MEMO ITEM]
City Chicago State IL Zip Code 60631-3200		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: D11147 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 444.10 [MEMO ITEM]
City Arlington State VA Zip Code 22227		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: D11148 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 444.10 [MEMO ITEM]
City Arlington State VA Zip Code 22227		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D11146

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Hafen For Congress		Transaction ID: D11116 Date of Disbursement 09 / 22 / 2006	
Mailing Address P.O. Box 530996		Amount of Each Disbursement this Period 5000.00	
City Henderson State NV Zip Code 89053	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Tessa Michelle Hafen	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03			

Full Name (Last, First, Middle Initial) B. Ben Cardin for Senate		Transaction ID: D11115 Date of Disbursement 09 / 13 / 2006	
Mailing Address P.O. Box 21093		Amount of Each Disbursement this Period 5000.00	
City Catonsville State MD Zip Code 21228	Purpose of Disbursement Contribution	Category/ Type	
Candidate Name Benjamin L. Cardin	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:			

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	10000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Hopefund, Inc.

Full Name (Last, First, Middle Initial) A. Kathleen Sebelius Committee		Transaction ID: D11117 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address P.O. Box 4032		Amount of Each Disbursement this Period 2000.00	
City Topeka	State KS	Zip Code 66604	Category/ Type
Purpose of Disbursement Non Federal Contribution			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	2000.00