

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

Porter for Congress

ADDRESS (number and street) 7840 Red Leaf Drive

Check if different than previously reported. (ACC)

Las Vegas

NV

89131

2. FEC IDENTIFICATION NUMBER

C00367367

CITY

STATE

ZIP CODE

STATE DISTRICT

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

NV 3

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on _____ in the State of _____

(c) 30-Day POST-Election Report for the:

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

Election on _____ in the State of _____

5. Covering Period 07 01 2007 through 09 30 2007

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

Type or Print Name of Treasurer Chrissie Hastie

Signature of Treasurer Electronically Filed by Chrissie Hastie

Date 10 15 2007

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Porter for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	284445.00	979786.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	284445.00	978586.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	123223.43	387166.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2180.07
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	123223.43	384986.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	770529.07	
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).....	6730.57	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Porter for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

188200.00

489375.00

(ii) Unitemized.....

2445.00

6165.00

(iii) TOTAL of contributions

190645.00

495540.00

from individuals..... ▶

0.00

371.00

(b) Political Party Committees.....

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

93800.00

483875.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

284445.00

979786.00

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

0.00

3588.43

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

2180.07

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

4739.31

8775.13

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

289184.31

994329.63

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	123223.43	387166.35
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1200.00
21. OTHER DISBURSEMENTS.....	350.00	3300.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	123573.43	391666.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	604918.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	289184.31
25. SUBTOTAL (add Line 23 and Line 24).....	894102.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	123573.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	770529.07

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Norman Dianda

Mailing Address 2100 Holcomb Lane

City State Zip Code
Reno NV 89502

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

Name of Employer
Q & D Construction

Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16880

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Fred Gibson

Mailing Address 3204 Plaza De Rafael

City State Zip Code
Las Vegas NV 89102

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

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2007

Transaction ID: 70907.C16940

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Mary Kaye Cashman

Mailing Address 22 Burning Tree Court

City State Zip Code
Las Vegas NV 89113

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

Name of Employer
Cashman Equipment

Occupation
CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: 70923.C16956

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address 12785 Silver Wolf Road

City State Zip Code
Reno NV 89511

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

Name of Employer Occupation
Champion Chevrolet President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 23 / 2007

Transaction ID: 70823.C16921

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Gregory McKinley

Mailing Address 1600 River Birch Street

City State Zip Code
Las Vegas NV 89117

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

Name of Employer Occupation
Cragin & Pike Ins Insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17032

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 95 Spanish Gate Drive

City State Zip Code
Las Vegas NV 89113

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

Name of Employer Occupation
MGM Mirage Vice Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16984

Amount of Each Receipt this Period
4600.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address 95 Spanish Gate Drive

City State Zip Code
Las Vegas NV 89113

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

Name of Employer Occupation
MGM Mirage Vice Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2007

Transaction ID: 70928.C17015

Amount of Each Receipt this Period
-2300.00

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

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

Mailing Address 95 Spanish Gate Drive

City State Zip Code
Las Vegas NV 89113

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

Name of Employer Occupation
MGM Mirage Vice Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2007

Transaction ID: 70928.C17016

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Terry Graves

Mailing Address 2205 Plaza Del Puerto

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Occupation
Graves Communications Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 23 / 2007

Transaction ID: 70823.C16913

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Mrs. Charles Frias

Mailing Address 5010 S. Valley View Boulevard

City State Zip Code
Las Vegas NV 89118

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

Name of Employer Retired Occupation Retired

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

1000.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2007

Transaction ID: 71015.C17105

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Pete Ernaut

Mailing Address 2460 Dublin Court

City State Zip Code
Reno NV 89509

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

Name of Employer ESI Occupation Consultant

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

2300.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2007

Transaction ID: 70705.C16813

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Pete Ernaut

Mailing Address 2460 Dublin Court

City State Zip Code
Reno NV 89509

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

Name of Employer ESI Occupation Consultant

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

3300.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 70928.C17004

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 144
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Pete Ernaut

Mailing Address 2460 Dublin Court

City State Zip Code
Reno NV 89509

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

Name of Employer ESI Occupation
Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2007

Transaction ID: 71004.C17086

Amount of Each Receipt this Period
-1000.00

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

B. Full Name (Last, First, Middle Initial)
Jerry Bussell

Mailing Address 2220 Village Walk Drive

City State Zip Code
Henderson NV 89052-5677

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

Name of Employer self Occupation
Business owner

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16879

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Pat Lundvall

Mailing Address 2620 Lakeridge Shores W

City State Zip Code
Reno NV 89509

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

Name of Employer McDonald Carano Wilson LLC Occupation
Attorney

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16877

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Corey Jenkins

Mailing Address 9816 Mountain Grove Court

City State Zip Code
Las Vegas NV 89134

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

Name of Employer Occupation
Save More Car Rentals Owner

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

1000.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: 70923.C16969

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Frank Jr. Fertitta

Mailing Address PO Box 27555

City State Zip Code
Las Vegas NV 89126-1555

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

Name of Employer Occupation
Station Casino Executive

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

3000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 70928.C17012

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Frank Jr. Fertitta

Mailing Address PO Box 27555

City State Zip Code
Las Vegas NV 89126-1555

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

Name of Employer Occupation
Station Casino Executive

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

2300.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2007

Transaction ID: 71004.C17088

Amount of Each Receipt this Period
-700.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Victoria Fertitta

Mailing Address 2960 W Sahara Ave #200

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2007

Transaction ID: 71004.C17089

Amount of Each Receipt this Period
700.00

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

B. Full Name (Last, First, Middle Initial)
Betty Munnell

Mailing Address 2635 Lake Ridge Shores W.

City State Zip Code
Reno NV 89509

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

Name of Employer Occupation
Irwin Padelford Developers Assistant Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16874

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Brian Chilton

Mailing Address 8917 Greensboro Lane

City State Zip Code
Las Vegas NV 89134

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

Name of Employer Occupation
Consession Management Corp Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16955

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address 80 Rimfire Circle

City State Zip Code
Reno NV 89519

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

Name of Employer ERGS Inc Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16887

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 8617 Canyon View Drive

City State Zip Code
Las Vegas NV 89117

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

Name of Employer Sunrise Capital Inc Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: 70923.C16948

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
William Hornbuckle

Mailing Address 16 Anthem Pointe Court

City State Zip Code
Henderson NV 89052

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

Name of Employer MGM Mirage Corp Occupation Executive Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 70928.C17026

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address 3225B S. Rainbow Boulevard Suite 2

City State Zip Code
Las Vegas NV 89146

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

Name of Employer Occupation
The Skancke Company Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16986

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 50 W. Liberty Street

City State Zip Code
Reno NV 89501

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

Name of Employer Occupation
Self employed Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2007

Transaction ID: 70823.C16908

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Margaret Crockett

Mailing Address 17 Princeville Lane

City State Zip Code
Las Vegas NV 89113

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17011

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Robert Groesbeck

Mailing Address 1023 Chanterelle

City State Zip Code
Henderson NV 89015

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

Name of Employer
Self employed

Occupation
Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2008.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17066

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 899 Adams Boulevard

City State Zip Code
Boulder City NV 89005

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

Name of Employer
self

Occupation
Dentist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17071

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Nancy Houssels

Mailing Address 380 Rancho Circle

City State Zip Code
Las Vegas NV 89107

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

Name of Employer
Self employed

Occupation
Philanthropist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17057

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Brad Friedmutter

Mailing Address 9016 Bald Eagle Drive

City State Zip Code
Las Vegas NV 89134

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

Name of Employer Occupation
Friedmutter Group Inc Partner

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16980

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Bette Porter

Mailing Address 779 San Remo Way

City State Zip Code
Boulder City NV 89005

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

Name of Employer Occupation
Retired Retired

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

3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17055

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Bette Porter

Mailing Address 779 San Remo Way

City State Zip Code
Boulder City NV 89005

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

Name of Employer Occupation
Retired Retired

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

3000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17078

Amount of Each Receipt this Period
-700.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Bette Porter

Mailing Address 779 San Remo Way

City State Zip Code
Boulder City NV 89005

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17079

Amount of Each Receipt this Period
700.00

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

B. Full Name (Last, First, Middle Initial)
Tom Skancke

Mailing Address 3225-B S. Rainbow Boulevard Suite

City State Zip Code
Las Vegas NV 89146

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

Name of Employer self Occupation Consultant

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16979

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Richard Offerdahl

Mailing Address PO Box 7899

City State Zip Code
Incline Village NV 89452

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

Name of Employer Maxi Corp Occupation President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16873

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Edward Nigro

Mailing Address 3965 S. Durango Drive Suite 106

City State Zip Code
Las Vegas NV 89147

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

Name of Employer Nigro Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2007

Transaction ID: 70725.C16832

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address PO Box 7458

City State Zip Code
Incline Village NV 89452

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

Name of Employer Nevada Now Tech Inc. Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16870

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 4947 W. Lakeridge Terrace Lane

City State Zip Code
Reno NV 89509

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

Name of Employer self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16894

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Jack Reviglio

Mailing Address PO Box 1576

City Sparks State NV Zip Code 89432

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

Name of Employer Western Nevada Supply Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16881

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Linda Vause

Mailing Address 1951 S Rainbow Blvd

City Las Vegas State NV Zip Code 89146-2974

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

Name of Employer Little Scholar Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 70928.C16983

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Rudy Manthei

Mailing Address 2222 Chatsworth Court

City Henderson State NV Zip Code 89014

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

Name of Employer self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16899

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Larry Gilmore

Mailing Address 5415 S. Cameron Street Suite 100

City State Zip Code
Las Vegas NV 89118

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

Name of Employer
Gilmore Construction LLC

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: 70831.C16933

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 24 Sawgrass Court

City State Zip Code
Las Vegas NV 89113

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

Name of Employer
S Nevada Wine & Spirits

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71004.C17094

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Larry Ruvo

Mailing Address 24 Sawgrass Court

City State Zip Code
Las Vegas NV 89113

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

Name of Employer
S Nevada Wine & Spirits

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71004.C17100

Amount of Each Receipt this Period
-2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Larry Ruvo

Mailing Address 24 Sawgrass Court

City State Zip Code
Las Vegas NV 89113

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

Name of Employer S Nevada Wine & Spirits
Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2007

Transaction ID: 71004.C17101

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 2054 Di Pinto

City State Zip Code
Henderson NV 89052

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

Name of Employer McCandless International
Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16949

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Pauline Collins

Mailing Address PO Box 95398

City State Zip Code
Las Vegas NV 89193

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

Name of Employer Homemaker
Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2007

Transaction ID: 70907.C16941

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Mark James

Mailing Address 4928 Mesa Capella Drive

City State Zip Code
Las Vegas NV 89148

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

Name of Employer self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2007

Transaction ID: 70705.C16811

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 2212 Paiute Meadows Drive

City State Zip Code
Las Vegas NV 89134

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

Name of Employer Mirage Resorts Occupation President/COO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: 70923.C16964

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
J. Terrence Lanni

Mailing Address 3600 Las Vegas Blvd S

City State Zip Code
Las Vegas NV 89109

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

Name of Employer MGM Mirage Corp Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 70928.C16996

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
J. Terrence Lanni

Mailing Address 3600 Las Vegas Blvd S

City State Zip Code
Las Vegas NV 89109

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

Name of Employer Occupation
MGM Mirage Corp Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16997

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 2000 Gray Eagle Way

City State Zip Code
Las Vegas NV 89117

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

Name of Employer Occupation
MGM Mirage Corp CFO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17059

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address PO Box 7700

City State Zip Code
Las Vegas NV 89177

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

Name of Employer Occupation
MGM Mirage Corp President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16981

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Robert Baldwin

Mailing Address PO Box 7700

City State Zip Code
Las Vegas NV 89177

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

Name of Employer Occupation
MGM Mirage Corp President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16982

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 1962 Barranca Drive

City State Zip Code
Henderson NV 89074

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

Name of Employer Occupation
The McMullen Strategic Group COO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16993

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Anthony Marnell

Mailing Address 222 Via Marnell Way

City State Zip Code
Las Vegas NV 89119-3522

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

Name of Employer Occupation
M Resorts, LLC Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16957

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Stephen Cloobek

Mailing Address 3745 Las Vegas Blvd S

City Las Vegas State NV Zip Code 89109

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

Name of Employer Diamond Construction Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16898

Amount of Each Receipt this Period
4600.00

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

B. Full Name (Last, First, Middle Initial)
Stephen Cloobek

Mailing Address 3745 Las Vegas Blvd S

City Las Vegas State NV Zip Code 89109

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

Name of Employer Diamond Construction Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2007

Transaction ID: 70818.C16906

Amount of Each Receipt this Period
-2300.00

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

C. Full Name (Last, First, Middle Initial)
Marcus Faust

Mailing Address 3008 Applebrook Lane

City Oakton State VA Zip Code 22124-1842

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

Name of Employer self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71003.C17052

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address 250 Pilot Road Suite 140

City State Zip Code
Las Vegas NV 89119

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

Name of Employer Occupation
Development & Manage Inc. President

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

4600.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: 70831.C16932

Amount of Each Receipt this Period
4600.00

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

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

Mailing Address 250 Pilot Road Suite 140

City State Zip Code
Las Vegas NV 89119

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

Name of Employer Occupation
Development & Manage Inc. President

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

4600.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: 70831.C16936

Amount of Each Receipt this Period
-2300.00

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

C. Full Name (Last, First, Middle Initial)
Lawrence Canarelli

Mailing Address 250 Pilot Road Suite 140

City State Zip Code
Las Vegas NV 89119

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

Name of Employer Occupation
Development & Manage Inc. President

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

4600.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: 70831.C16937

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	4600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Geoffrey Ziebart

Mailing Address 1320 N. Wayne #206

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
Ziebart Consulting, LLC Partner

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

1000.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2007

Transaction ID: 70802.C16861

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Robert Shuster

Mailing Address 320 M 30th Street

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Occupation
Klett Rooney Lieber Schorling Attorney

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

500.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: 70923.C16950

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Donald Shalmy

Mailing Address 31 Candlewyck Drive

City State Zip Code
Henderson NV 89052

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

Name of Employer Occupation
Sierra Pacific Resources Senior VP Public Policy

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

500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71003.C17069

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial) Randy Morton Mailing Address 2086 Troon Drive City Henderson State NV Zip Code 89074-0668 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007 Transaction ID: 70928.C17005 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Monte Carlo Resort Occupation President & COO Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) R. Brooke Dunn Mailing Address 1360 Enchanted River Dr City Henderson State NV Zip Code 89012-7276 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007 Transaction ID: 70923.C16965 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Shuffle Master Inc Occupation Senior Vice President Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00		

C. Full Name (Last, First, Middle Initial) R. Brooke Dunn Mailing Address 1360 Enchanted River Dr City Henderson State NV Zip Code 89012-7276 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007 Transaction ID: 71004.C17084 Amount of Each Receipt this Period -700.00 Reattribution Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Reattribution to Spouse
Name of Employer Shuffle Master Inc Occupation Senior Vice President Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial) Ken Rosevear Mailing Address 8407 Turtle Creek Circle City Las Vegas State NV Zip Code 89113 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007 Transaction ID: 70928.C17010 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: MGM Mirage Corp Occupation: Pres. MGM Mirage Development Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial) Corey Sanders Mailing Address 6198 Coriander Canyon Court City Las Vegas State NV Zip Code 89138 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007 Transaction ID: 70928.C16995 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: MGM Grand Hotel Occupation: CFO Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial) John McManus Mailing Address 1501 Reisling Court City Las Vegas State NV Zip Code 89144 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007 Transaction ID: 70928.C16990 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Project City Center Occupation: VP & General Counsel Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Felix Rappaport		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 1 Hazelhurst Pass		Transaction ID: 70928.C16989	
City State Zip Code Henderson NV 89052	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer New York New York Hotel	Occupation COO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) B. John Shigley		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 10016 Cresent Mesa Lane		Transaction ID: 70928.C17027	
City State Zip Code Las Vegas NV 89145	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer New York New York Hotel	Occupation Executive VP Casino Operations		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Thomas McCartney		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 9712 Amber Peak Court		Transaction ID: 70923.C16959	
City State Zip Code Las Vegas NV 89144	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer New York New York Hotel	Occupation Sr VP Marketing		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address 8752 Rainbow Ridge Drive

City State Zip Code
Las Vegas NV 89117

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

Name of Employer Occupation
Bellagio Hotel VP Table Games

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17002

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Charles Bowling

Mailing Address 804 Ponte Chartrain

City State Zip Code
Las Vegas NV 89145

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

Name of Employer Occupation
MGM Grand Hotel Executive VP Sales

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16987

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 8291 Campana Drive

City State Zip Code
Las Vegas NV 89147-5217

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

Name of Employer Occupation
MGM Mirage VP Casino Marketing

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16998

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Albert Faccinto

Mailing Address 9560 W. Fisher Ave

City State Zip Code
Las Vegas NV 89149-2415

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

Name of Employer Occupation
MGM Mirage Corp President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16958

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Miriam Hammond

Mailing Address 2179 Grand Traverse Street

City State Zip Code
Henderson NV 89052

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

Name of Employer Occupation
MGM Grand Hotel VP Human Resources

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17008

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Alan Feldman

Mailing Address 548 Jade Cliffs Lane

City State Zip Code
Las Vegas NV 89144

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

Name of Employer Occupation
MGM Mirage Corp Sr. VP Public Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16966

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Mike Longi

Mailing Address 7 Mariah Circle

City State Zip Code
Blue Diamond NV 89004

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

Name of Employer Occupation
Treasure Island CFO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16971

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Richard Fields

Mailing Address 2989 Red Springs Drive

City State Zip Code
Las Vegas NV 89135

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

Name of Employer Occupation
Primm Valley Casino VP Casino Operations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17029

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Trevor Scherrer

Mailing Address 3600 Las Vegas Boulevard S.

City State Zip Code
Las Vegas NV 89109

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

Name of Employer Occupation
MGM Mirage Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16988

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Phyllis James

Mailing Address 3600 Las Vegas Boulevard S.

City Las Vegas State NV Zip Code 89109

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

Name of Employer MGM Mirage PAC Occupation Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17003

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Jonathon Jagers

Mailing Address 11525 Timber Mountain Avenue

City Las Vegas State NV Zip Code 89135

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

Name of Employer Caesars Palace Occupation International Marketing

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16963

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Linda Rheinberger

Mailing Address 10858 Eden Ridge Avenue

City Las Vegas State NV Zip Code 89135

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

Name of Employer One Source Realty Occupation Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16972

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Joanne Levy

Mailing Address 8712 Carlitas Joy Court

City State Zip Code
Las Vegas NV 89117

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

Name of Employer self Occupation Real Estate

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

1000.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: 70823.C16922

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Gail Jaquish

Mailing Address PO Box 129

City State Zip Code
Zephyr Cove NV 89448

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

Name of Employer Jurix, Inc. Occupation Psychologist

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

2300.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: 70823.C16912

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Steven Kenninger

Mailing Address PO Box 129

City State Zip Code
Zephyr Cove NV 89448

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

Name of Employer Q.M.O., L.L.C. Occupation Investor

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

2300.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: 70823.C16911

Amount of Each Receipt this Period
2300.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 35 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Glenn Christenson

Mailing Address 1528 MacDonald Ranch Drive

City State Zip Code
Henderson NV 89012-7249

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

Name of Employer
Self employed

Occupation
Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16961

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Perry DiLoreto

Mailing Address 500 Damonte Branch Parkway Suite 7

City State Zip Code
Reno NV 89521

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

Name of Employer
Forum Development Group

Occupation
Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16869

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Gregory Ferraro

Mailing Address 1035 La Rue Ave

City State Zip Code
Reno NV 89509

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

Name of Employer
The Ferraro Group

Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16897

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **4300.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address PO Box 797

City State Zip Code
Sparks NV 89432

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

Name of Employer Occupation
Jon Ascuagas Nugget Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: 70831.C16929

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 2305 Pearl Crest Street

City State Zip Code
Las Vegas NV 89134-6732

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

Name of Employer Occupation
Sierra Pacific Resources Executive Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71003.C17067

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Scott Whittemore

Mailing Address 6484 Sun Flag Court

City State Zip Code
Sparks NV 89436

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

Name of Employer Occupation
.Information Requested .Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71003.C17061

Amount of Each Receipt this Period
4600.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 37 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Scott Whittemore

Mailing Address 6484 Sun Flag Court

City Sparks State NV Zip Code 89436

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 7

Transaction ID: 71003.C17076

Amount of Each Receipt this Period
 -2300.00

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

B. Full Name (Last, First, Middle Initial)
F. Harvey Whittemore

Mailing Address 50 W. Liberty Street Suite 1100

City Reno State NV Zip Code 89501

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

Name of Employer Lionel Sawyer & Collins Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 7

Transaction ID: 71003.C17070

Amount of Each Receipt this Period
 4600.00

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

C. Full Name (Last, First, Middle Initial)
F. Harvey Whittemore

Mailing Address 50 W. Liberty Street Suite 1100

City Reno State NV Zip Code 89501

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

Name of Employer Lionel Sawyer & Collins Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 7

Transaction ID: 71004.C17090

Amount of Each Receipt this Period
 -2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
F. Harvey Whittemore

Mailing Address 50 W. Liberty Street Suite 1100

City State Zip Code
Reno NV 89501

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

Name of Employer Occupation
Lionel Sawyer & Collins Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71004.C17091

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Joe Serpa

Mailing Address PO Box 144

City State Zip Code
Verdi NV 89439

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

Name of Employer Occupation
Q & D Construction Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16892

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Michael Stewart

Mailing Address PO Box 40

City State Zip Code
Empire NV 89405

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

Name of Employer Occupation
Highrock Holdings, LLC Agri Business

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16882

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Mendy Elliott

Mailing Address 2745 Spinnaker Drive

City State Zip Code
Reno NV 89509

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

Name of Employer Wells Fargo Bank
Occupation Banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16884

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Allen Freemyer

Mailing Address 2015 48th Street NW

City State Zip Code
Washington DC 20007

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

Name of Employer self
Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16878

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
William Munnell

Mailing Address 2635 W. Lake Ridge Shores

City State Zip Code
Reno NV 89509-5779

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

Name of Employer Retired
Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16875

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Nancy Dunn

Mailing Address 1360 Enchanted River Drive

City Henderson State NV Zip Code 89012-7276

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

Name of Employer Tropicana Hotel Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 71004.C17085

Amount of Each Receipt this Period
700.00

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

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

Mailing Address 54 Fountainhead Circle

City Henderson State NV Zip Code 89052

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

Name of Employer MGM Mirage Corp Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17013

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Anton Nikodemus

Mailing Address 1020 Golden Age Court

City Las Vegas State NV Zip Code 89144

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

Name of Employer Bellagio Hotel Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17028

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address 11109 Arbor Pine Avenue

City State Zip Code
Las Vegas NV 89144

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

Name of Employer Occupation
Mandalay Bay VP of Sales & Marketing

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16999

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Ben Speidel

Mailing Address 5425 Manteca Circle

City State Zip Code
Las Vegas NV 89118

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

Name of Employer Occupation
MGM Mirage General Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16968

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Joshua Griffin

Mailing Address 104 Quail Run

City State Zip Code
Henderson NV 89012

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

Name of Employer Occupation
Griffin Consulting Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2007

Transaction ID: 70725.C16840

Amount of Each Receipt this Period
2000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Carlos Castro

Mailing Address 1 Panther Creek Court

City State Zip Code
Henderson NV 89052

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

Name of Employer Occupation
Mandalay Bay VP Finance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16985

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Frank Visconti

Mailing Address 3600 Las Vegas Boulevard S.

City State Zip Code
Las Vegas NV 89109

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

Name of Employer Occupation
MGM Mirage Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17007

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Candace Borrego

Mailing Address 2765 Spinnaker Drive

City State Zip Code
Reno NV 89509

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

Name of Employer Occupation
Five Star Development Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16876

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Peter Guilfoyle

Mailing Address PO Box 10779

City State Zip Code
Zephyr Cove NV 89448

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

Name of Employer Occupation
OptiCompt Corporation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16893

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 9017 Opus Court

City State Zip Code
Las Vegas NV 89117

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

Name of Employer Occupation
.Information Requested .Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71003.C17065

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Michael Pieper

Mailing Address 39644 Lovettsville Road

City State Zip Code
Lovettsville VA 20180

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

Name of Employer Occupation
self Government Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2007

Transaction ID: 70928.C17022

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Todd Nigro

Mailing Address 4545 W. Spring Mountain Road Suite

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Nigro Development Co. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2007

Transaction ID: 70725.C16834

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 3965 S. Durango Drive Suite 106

City State Zip Code
Las Vegas NV 89147

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

Name of Employer Nigro Construction Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2007

Transaction ID: 70725.C16835

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
A. Allan Stipe

Mailing Address 138 Wentworth Drive

City State Zip Code
Henderson NV 89074

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

Name of Employer Self employed Occupation Business owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2007

Transaction ID: 70725.C16833

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Michael Swinderski

Mailing Address 13800 Broad Meadow

City State Zip Code
Carmel IN 46032

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

Name of Employer Occupation
Amsted Industries President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

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

Transaction ID: 70802.C16853

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 10472 Toledo Drive N

City State Zip Code
Minneapolis MN 55443-4501

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

Name of Employer Occupation
.Information Requested .Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 70802.C16858

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Justin Norman

Mailing Address 3605 SW Kelly Avenue

City State Zip Code
Portland OR 97239

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

Name of Employer Occupation
.Information Requested .Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

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

Transaction ID: 70802.C16859

Amount of Each Receipt this Period
750.00

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

SUBTOTAL of Receipts This Page (optional) ► **2050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
James Redpath

Mailing Address 650 Main Street N. #401

City State Zip Code
Stillwater MN 55082

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2007

Transaction ID: 70802.C16860

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Christina Cleveland

Mailing Address PO Box 770

City State Zip Code
Ashland KY 41105

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

Name of Employer Venn Strategies LLC Occupation Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2007

Transaction ID: 70802.C16862

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Jonathan Dymit

Mailing Address 16131 Crossandra Circle SE

City State Zip Code
Prior Lake MN 55372

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2007

Transaction ID: 70802.C16863

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address PO Box 2231

City State Zip Code
Reno NV 89505

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

Name of Employer Occupation
Machabee Office Equipment Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16871

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Robert Davidson

Mailing Address PO Box 6761

City State Zip Code
Incline Village NV 89450

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

Name of Employer Occupation
The Davidson Group Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16872

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
RJ Bath Group LLC

Mailing Address 8555 Double R Boulevard Suite 108

City State Zip Code
Reno NV 89511

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2007

Transaction ID: 70818.C16883

Amount of Each Receipt this Period
250.00

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

NOTE: No Partner Itemize Req'd

SUBTOTAL of Receipts This Page (optional)	3550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Paul Angrick

Mailing Address 14210 E. Windriver Lane

City State Zip Code
Reno NV 89511

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16885

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Richard West

Mailing Address 54 Lightning W Ranch Road

City State Zip Code
Washoe Valley NV 89704

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

Name of Employer Self employed Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16888

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Richard West

Mailing Address 54 Lightning W Ranch Road

City State Zip Code
Washoe Valley NV 89704

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

Name of Employer Self employed Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16952

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Chantal Cloobek

Mailing Address 3745 Las Vegas Boulevard S.

City Las Vegas State NV Zip Code 89109

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 9 / 2 0 0 7

Transaction ID: 70818.C16907

Amount of Each Receipt this Period
 2300.00

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

B. Full Name (Last, First, Middle Initial)
Christie Gescheider

Mailing Address 1100 W. Moana Lane

City Reno State NV Zip Code 89509

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

Name of Employer Moana Nursery Occupation Co-Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 70823.C16918

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Erickson Retirement Communities LLC

Mailing Address 701 Maiden Choice Lane

City Catonsville State MD Zip Code 21228

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 70823.C16923

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address 701 Maiden Choice Lane

City State Zip Code
Catonsville MD 21228

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

Name of Employer
Erickson Retirement Commu-
nity Occupation
Partner

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

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	0	7

Transaction ID: 70823.C16926

Amount of Each Receipt this Period
500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Partnership->Erickson Retirement Communities LLC

B. Full Name (Last, First, Middle Initial)
Nancy Erickson

Mailing Address 701 Maiden Choice Lane

City State Zip Code
Catonsville MD 21228

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

Name of Employer
Erickson Retirement Commu-
nity Occupation
Partner

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

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	0	7

Transaction ID: 70823.C16925

Amount of Each Receipt this Period
500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Partnership->Erickson Retirement Communities LLC

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

Mailing Address PO Box 542

City State Zip Code
Logandale NV 89021

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

Name of Employer
The Benefit Capital Co. Occupation
Chairman of the Board

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

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	0	7

Transaction ID: 70823.C16924

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address 726 M Street NW Suite 501

City Washington State DC Zip Code 20036

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) Other

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: CM26070823.C16924

Amount of Each Receipt this Period
 250.00

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

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

Mailing Address 10351 Santa Monica Boulevard Suite

City Los Angeles State CA Zip Code 90025

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

Name of Employer self Occupation Business owner

Receipt For: 2008
 Primary General
 Other (specify)

Election Cycle-to-Date 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 70823.C16927

Amount of Each Receipt this Period
 2300.00

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

C. Full Name (Last, First, Middle Initial)
Jesse Haw

Mailing Address 144 Greenridge Drive

City Reno State NV Zip Code 89509

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

Name of Employer Hawco Development Co. Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 70831.C16928

Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional) **2550.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Debbie Kefalas

Mailing Address 2742 Carina Way

City State Zip Code
Henderson NV 89052

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16954

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Brinkerhoff 1 LLC

Mailing Address 4930 Campus Drive

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16962

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 4930 Campus Drive

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
Brinkerhoff 1 LLC Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16967

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Viejas Tribal Government

Mailing Address 1 Viejas Grade Road

City State Zip Code
Alpine CA 91901

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

Name of Employer Occupation
Viejas Tribal Government Viejas Tribal Government

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16976

Amount of Each Receipt this Period
4500.00

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

B. Full Name (Last, First, Middle Initial)
Viejas Tribal Government

Mailing Address 1 Viejas Grade Road

City State Zip Code
Alpine CA 91901

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

Name of Employer Occupation
Viejas Tribal Government Viejas Tribal Government

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2007

Transaction ID: 70928.C17018

Amount of Each Receipt this Period
-2200.00

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

C. Full Name (Last, First, Middle Initial)
Viejas Tribal Government

Mailing Address 1 Viejas Grade Road

City State Zip Code
Alpine CA 91901

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

Name of Employer Occupation
Viejas Tribal Government Viejas Tribal Government

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2007

Transaction ID: 70928.C17017

Amount of Each Receipt this Period
2200.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address 3799 Las Vegas Blvd. South,

City Las Vegas State NV Zip Code 89109

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

Name of Employer MGM Mirage Corp Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16991

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Richard Amalfitano

Mailing Address PO Box 81178

City Las Vegas State NV Zip Code 89180

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16992

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 52 Enchanted Lakes Drive

City Henderson State NV Zip Code 89052

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

Name of Employer MGM Mirage Corp Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16994

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Aldo Manzini

Mailing Address 3600 Las Vegas Boulevard South

City Las Vegas State NV Zip Code 89109

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

Name of Employer MGM Mirage Corp Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17000

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Andrew Hagopian

Mailing Address 409 Canyon Greens Drive

City Las Vegas State NV Zip Code 89144

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

Name of Employer MGM Mirage Corp Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17001

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Albie Colotto

Mailing Address 2208 Timber Rose Drive

City Las Vegas State NV Zip Code 89134

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

Name of Employer Friedmutter Group Inc Occupation Architect

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17006

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address 8520 Carmelridge Court

City State Zip Code
Las Vegas NV 89113

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

Name of Employer Occupation
Richardson Builders Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17009

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Joseph Brunini

Mailing Address 9912 Aspen Knoll Court

City State Zip Code
Las Vegas NV 89117

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

Name of Employer Occupation
MGM Mirage Corp Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17014

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Luis Lamar

Mailing Address 1020 Sable Mist Court

City State Zip Code
Las Vegas NV 89144

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

Name of Employer Occupation
MGM Mirage Corp Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C17025

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	3300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. George Boyer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address 286 Alisop Place #109		Transaction ID: 71003.C17056	
City Troy	State MI	Amount of Each Receipt this Period 1000.00	
Zip Code 48084		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Barbara Leffingwell		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address 500 Lakeland Drive		Transaction ID: 71003.C17060	
City Lake Bluff	State IL	Amount of Each Receipt this Period 2000.00	
Zip Code 60044		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker		Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Kristin Whittemore		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address 6484 Sun Flag court		Transaction ID: 71003.C17077	
City Sparks	State NV	Amount of Each Receipt this Period 2300.00	
Zip Code 89436		Reattribution Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Reattribution from Spouse	
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested		Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Micky Doyle

Mailing Address 2390 Mammatus Drive

City Sparks State NV Zip Code 89436

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71003.C17062

Amount of Each Receipt this Period
4600.00

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

B. Full Name (Last, First, Middle Initial)
Micky Doyle

Mailing Address 2390 Mammatus Drive

City Sparks State NV Zip Code 89436

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71003.C17074

Amount of Each Receipt this Period
-2300.00

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

C. Full Name (Last, First, Middle Initial)
Carli West

Mailing Address 2417 Lawry Drive

City Sparks State NV Zip Code 89436

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

Name of Employer Retired
Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71003.C17063

Amount of Each Receipt this Period
4600.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **9200.00**

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

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

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

FOR LINE NUMBER: PAGE 59 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Carli West

Mailing Address 2417 Lawry Drive

City Sparks State NV Zip Code 89436

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2007

Transaction ID: 71003.C17072

Amount of Each Receipt this Period
 -2300.00

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

B. Full Name (Last, First, Middle Initial)
Carli West

Mailing Address 2417 Lawry Drive

City Sparks State NV Zip Code 89436

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2007

Transaction ID: 71003.C17073

Amount of Each Receipt this Period
 2300.00

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

C. Full Name (Last, First, Middle Initial)
Roberto Denis

Mailing Address 1412 Chambolle Court

City Las Vegas State NV Zip Code 89144

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

Name of Employer Sierra Pacific Resources Occupation Senior VP Energy Supply

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2007

Transaction ID: 71003.C17064

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Paul Kaleta

Mailing Address 10416 Summit Canyon Drive

City State Zip Code
Las Vegas NV 89144

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

Name of Employer Occupation
Sierra Pacific Resources Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17068

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Roxanne Doyle

Mailing Address 2390 Mammatus Drive

City State Zip Code
Sparks NV 89436

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

Name of Employer Occupation
.Information Requested .Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17075

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 1899 Hillsboro Drive

City State Zip Code
Henderson NV 89074

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

Name of Employer Occupation
Unger Development Real Estate Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17081

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 144
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Adrienne Unger		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address 1899 Hillsboro Drive		Transaction ID: 71003.C17082	
City State Zip Code Henderson NV 89074	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Homemaker Homemaker	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		

Full Name (Last, First, Middle Initial) B. Robert Elliott		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address 194 Webster Way		Transaction ID: 71003.C17083	
City State Zip Code Henderson NV 89074	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation MGM Mirage Vice President	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Roy Coffee		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address 3209 Thornapple Street		Transaction ID: 71004.C17093	
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation .Information Requested .Information Requested	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3600.00
TOTAL This Period (last page this line number only) ▶	188200.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 144
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Texas Freedom Fund PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 104 Hume Avenue		Transaction ID: 71003.C17051
City State Zip Code Alexandria VA 22301	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. NRA-Political Victory Fund		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 11250 Waples Mill Road		Transaction ID: 71003.C17034
City State Zip Code Fairfax VA 22030-7400	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Texans for Henry Bonilla		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007
Mailing Address 3905 Tattnell		Transaction ID: 71003.C17046
City State Zip Code Schertz TX 78154	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: PAGE 63 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
The Freedom Project PAC
Mailing Address 509 7th Street NW Third Floor
City State Zip Code
Washington DC 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007
Transaction ID: 71003.C17040
Amount of Each Receipt this Period
4500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Restaurant Association PAC
Mailing Address 1200 Seventeenth Street NW
City State Zip Code
Washington DC 20036-3097
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007
Transaction ID: 70928.C16978
Amount of Each Receipt this Period
2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Consulting Engineers PAC
Mailing Address 1015 15th Street NW Suite 802
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007
Transaction ID: 70818.C16886
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **8000.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 144
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
RJ Reynolds PAC

Mailing Address 1201 F Street NW Suite 1000

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17030

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Ready Mixed Concrete Assoc PAC

Mailing Address 900 Spring Street

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 02 / 2007

Transaction ID: 70802.C16865

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
New York Life PAC

Mailing Address 51 Madison Avenue

City State Zip Code
New York NY 10010

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71004.C17096

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Associated General Contractors PAC.
Mailing Address 2300 Wilson Boulevard Suite 400
City State Zip Code
Arlington VA 22201
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 7
Transaction ID: 70818.C16896
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NFIB Safe Trust PAC
Mailing Address 1201 F Street NW Suite 200
City State Zip Code
Washington DC 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 0 7
Transaction ID: 70802.C16864
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sierra Pacific Employees PAC.
Mailing Address PO Box 81500
City State Zip Code
Las Vegas NV 89180
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 7
Transaction ID: 71003.C17037
Amount of Each Receipt this Period
2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 144
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Employee PAC		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2007	
Mailing Address Sixth & Marquette		Transaction ID: 70818.C16889	
City State Zip Code Minneapolis MN 55479	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) B. UPS PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007	
Mailing Address 316 Pennsylvania Avenue SE		Transaction ID: 70907.C16942	
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4500.00		

Full Name (Last, First, Middle Initial) C. People for Enterprise Trade&Economic PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 3686 King Street Suite 146		Transaction ID: 71003.C17031	
City State Zip Code Alexandria VA 22301	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	5300.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 144
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Dealers Election Action Committee of the Full Name (Last, First, Middle Initial) Mailing Address National Automobile Dealers Associ 8400 Westpark Drive City State Zip Code Mc Lean VA 22102		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7 Transaction ID: 70928.C16974 Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00	

B. Parsons Corporation PAC Full Name (Last, First, Middle Initial) Mailing Address 100 W. Walnut Street City State Zip Code Pasadena CA 91124		Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7 Transaction ID: 71003.C17049 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00	

C. Mike R Fund PAC Full Name (Last, First, Middle Initial) Mailing Address PO Box 65796 City State Zip Code Washington DC 20035		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7 Transaction ID: 70823.C16910 Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00370791		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 68 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
National Roofing Contractors Assoc PAC

Mailing Address 10255 W. Higgins Road Suite 600

City State Zip Code
Des Plaines IL 60018

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	7

Transaction ID: 71003.C17053

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
Friends of Jim Saxton

Mailing Address PO Box 795

City State Zip Code
Mount Holly NJ 08060

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 70716.C16830

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Union Pacific Corp Fund Effect Govt PAC

Mailing Address 600 Thirteenth Street NW Suite 340

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

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

Transaction ID: 70818.C16905

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 144
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
The Committee for the Preservation

Mailing Address of Capitalism PAC (CPC-PAC)
PO Box 65314

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16977

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address 500 New Jersey Avenue NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 70928.C16973

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
National Venture Capital Association PAC

Mailing Address 1655 N Fort Myer Drive Suite 850

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4111.11

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17039

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 70 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
MinePAC

Mailing Address 101 Constitution Avenue NW #500 Ea

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2007

Transaction ID: 70716.C16827

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Stone Sand & Gravel Assoc PAC

Mailing Address 1605 King Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16890

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Wine&Spirits Wholesalers of America PAC

Mailing Address 805 Fifteenth Street NW Suite 430

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17054

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 144
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Electrical Construction PAC

Mailing Address 3 Bethesda Metro Center

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2007

Transaction ID: 70802.C16866

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Emergency Medicine PAC

Mailing Address 2121 K Street NW Suite 325

City State Zip Code
Washington DC 20037

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71003.C17045

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Mario Diaz-Balart for Congress

Mailing Address 8770 Sunset Drive Suite 422

City State Zip Code
Miami FL 33173

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2007

Transaction ID: 70725.C16838

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 72 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Democracy Believers PAC

Mailing Address 1155 21st Street NW Suite 300

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 25 / 2007

Transaction ID: 70725.C16837

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers PAC

Mailing Address 1325 Massachusetts Avenue NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 02 / 2007

Transaction ID: 70802.C16867

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Norfolk Southern Corp Good Govt PAC

Mailing Address Three Commercial Place

City State Zip Code
Norfolk VA 23510

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 28 / 2007

Transaction ID: 70928.C16975

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 144
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Portland Cement Association PAC

Mailing Address 500 New Jersey Avenue NW 7th Floor

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16901

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Road&Transport BuildersPAC

Mailing Address 1010 Massachusetts Avenue NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007

Transaction ID: 70818.C16900

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Aircraft Owners & Pilots Assoc PAC

Mailing Address 601 Pennsylvania Avenue NW Suite 8

City State Zip Code
Washington DC 20042

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 70923.C16953

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 144
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Porter for Congress

A. Full Name (Last, First, Middle Initial) Barrick Goldstrike USA Employees PAC Mailing Address PO Box 29 City State Zip Code Elko NV 89803 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 71003.C17048 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		3	0		2	0	0	7													

B. Full Name (Last, First, Middle Initial) American Podiatry Medical Assoc Inc PAC Mailing Address 9312 Old Georgetown Road City State Zip Code Bethesda MD 20814 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70907.C16939 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	7		2	0	0	7													

C. Full Name (Last, First, Middle Initial) QWest PAC Mailing Address 607 14th Street NW Suite 950 City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 71003.C17047 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		3	0		2	0	0	7													

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 75 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
CoalPAC

Mailing Address 101 Constitution Avenue NW Suite 5

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 13 / 2007

Transaction ID: 70716.C16828

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Real Estate Investment Trusts PAC

Mailing Address 1875 Eye Street NW Suite 600

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2007

Transaction ID: 71003.C17050

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 437 New Jersey Ave SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 18 / 2007

Transaction ID: 70818.C16902

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 76 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Anheuser-Busch PAC
Mailing Address 1401 I Street NW Suite 200
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007
Transaction ID: 71003.C17044
Amount of Each Receipt this Period
2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Securities Industry Association PAC
Mailing Address 1425 K Street NW 7th Floor
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007
Transaction ID: 71004.C17097
Amount of Each Receipt this Period
3000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Dental PAC
Mailing Address 1111-14th Street NW Suite 1100
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007
Transaction ID: 71003.C17033
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 144
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

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

Mailing Address PO Box U

City State Zip Code
Marietta GA 30061

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2111.11

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17042

Amount of Each Receipt this Period
1000.00

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

NOTE: SEEKING REDESIGNATION

B. Full Name (Last, First, Middle Initial)
Embarq Employees PAC

Mailing Address 150 Fayetteville Street Mall Suite

City State Zip Code
Raleigh NC 27601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17035

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 2020 Pennsylvania Avenue NW Suite

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007

Transaction ID: 71003.C17036

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 78 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
IRL PAC
Mailing Address PO Box 10460
City State Zip Code
Burke VA 22009
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007
Transaction ID: 71003.C17041
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Barnes & Thornburg PAC
Mailing Address 11 S Meridian Street
City State Zip Code
Indianapolis IN 46204
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2007
Transaction ID: 71003.C17058
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Safeway Inc. PAC
Mailing Address 5918 Stoneridge Mall Road
City State Zip Code
Pleasanton CA 94588
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2007
Transaction ID: 70818.C16904
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Citizens Organized PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 Avenue of the Stars Suite 900
 City State Zip Code
 Los Angeles CA 90067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2007
Transaction ID: 71004.C17098
 Amount of Each Receipt this Period
 2000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. NUCA Legislative Information&Action PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 N. Fairfax Drive Suite 360
 City State Zip Code
 Arlington VA 22203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2007
Transaction ID: 71004.C17092
 Amount of Each Receipt this Period
 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Granite Construction Employees PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Capitol Mall Suite 1425
 City State Zip Code
 Sacramento CA 95814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 18 / 2007
Transaction ID: 70818.C16891
 Amount of Each Receipt this Period
 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 144
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. International Union of Painters		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007
Mailing Address and Allied Trades PAC 1750 New York Avenue NW		Transaction ID: 70725.C16839
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. More Conservatives PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2007
Mailing Address 675 N. Washington Street Suite 410		Transaction ID: 70705.C16810
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Assurant Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2007
Mailing Address 501 W. Michigan Street		Transaction ID: 70716.C16829
City State Zip Code Milwaukee WI 53201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 144
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Chicago Mercantile Exchange Inc. PAC

Mailing Address 20 S. Wacker Drive

City State Zip Code
Chicago IL 60606

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2007

Transaction ID: 70716.C16831

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Lifetouch Inc. PAC

Mailing Address 11000 Viking Drive Suite 400

City State Zip Code
Eden Prairie MN 55344

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2007

Transaction ID: 70802.C16844

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Messer Construction Co. PAC

Mailing Address 5158 Fishwick Drive

City State Zip Code
Cincinnati OH 45216

FEC ID number of contributing federal political committee. **C** C00435990

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2007

Transaction ID: 70802.C16845

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 144
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Austin Industries Companies PAC

Mailing Address PO Box 1590

City State Zip Code
Dallas TX 75221

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: 70818.C16868

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Freeport-McMoran Copper&Gold PAC

Mailing Address 330 N. Washington Street Suite 201

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00320101

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 70818.C16903

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Kindred Healthcare Inc. PAC

Mailing Address 680 S. 4th Street

City State Zip Code
Louisville KY 40202

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 70831.C16930

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 144

(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
International Union of OP Engineers PAC.

Mailing Address 1125 Seventeenth Street NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. C C00029504

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
09 / 21 / 2007

Transaction ID: 70923.C16951

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Chevron Employees PAC

Mailing Address 1401 Eye Street NW Suite 1200

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2007

Transaction ID: 71003.C17038

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address One City Place Drive

City State Zip Code
Saint Louis MO 63141

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2007

Transaction ID: 71003.C17043

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) 4500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 144
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Full Name (Last, First, Middle Initial)
Womens Alliance for Israel PAC

Mailing Address 30151 Tomas Street

City State Zip Code
Rncho Snta Mrgrita CA 92688

FEC ID number of contributing federal political committee. **C** C00236596

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	7

Transaction ID: 71004.C17099

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	93800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 144
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Bank West of Nevada Mailing Address PO Box 26237 City State Zip Code Las Vegas NV 89126-0237 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 07 31 2007 Transaction ID: 70918.C16946 Amount of Each Receipt this Period 1612.78 Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5648.60	

Full Name (Last, First, Middle Initial) B. Bank West of Nevada Mailing Address PO Box 26237 City State Zip Code Las Vegas NV 89126-0237 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 08 31 2007 Transaction ID: 70918.C16947 Amount of Each Receipt this Period 1628.17 Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7276.77	

Full Name (Last, First, Middle Initial) C. Bank West of Nevada Mailing Address PO Box 26237 City State Zip Code Las Vegas NV 89126-0237 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 09 30 2007 Transaction ID: 71011.C17102 Amount of Each Receipt this Period 1498.36 Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 8775.13	

SUBTOTAL of Receipts This Page (optional)	4739.31
TOTAL This Period (last page this line number only)	4739.31

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. IN Compliance Inc.		Transaction ID: 70802.E5013 Date of Disbursement 08 / 01 / 2007
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 142.25
City Las Vegas State NV Zip Code 89136-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE & PRINTING	Candidate Name Category/Type	POSTAGE & PRINTING
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. Majority Communications		Transaction ID: 70831.E5077 Date of Disbursement 09 / 01 / 2007
Mailing Address 135 Professional Drive #104		Amount of Each Disbursement this Period 1429.85
City Ponte Vedra Beach State FL Zip Code 32082-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name Category/Type	PRINTING
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 Postmaster		Transaction ID: 70802.E4989 Date of Disbursement 08 / 01 / 2007
Mailing Address 1001 E Sunset Road		Amount of Each Disbursement this Period 82.00
City Las Vegas State NV Zip Code 89119-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name Category/Type	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1654.10
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. James M. McCullough Full Name (Last, First, Middle Initial) Mailing Address 5450 S. Fort Apache Road #286 City Las Vegas State NV Zip Code 89148- Purpose of Disbursement SEE BELOW/TRAVEL & EXPS 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: 70802.E5015 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 1523.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW/TRAVEL & EXPS
---	--	--

B. Embassy Suites Full Name (Last, First, Middle Initial) Mailing Address 7525 E Hampden Ave City Denver State CO Zip Code 80231- 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: 70802.E5024 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 875.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
---	--	--

C. Travelocity Hotels Full Name (Last, First, Middle Initial) Mailing Address 3150 Sabre Dr City Southlake State TX Zip Code 76092- 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: 70802.E5022 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 227.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
---	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	1523.44
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. AT&T Wireless-Cingular Wireless		Transaction ID: 70818.E5054 Date of Disbursement 08 / 15 / 2007
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 126.13
City Los Angeles State CA Zip Code 90060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE Candidate Name	Category/Type	TELEPHONE
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. Federal Express		Transaction ID: 70701.E4963 Date of Disbursement 07 / 01 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 193.20
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING Candidate Name	Category/Type	SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Townsend Group		Transaction ID: 70802.E5004 Date of Disbursement 08 / 01 / 2007
Mailing Address 1006 Pendleton Street		Amount of Each Disbursement this Period 3942.85
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW/CATERING & EXPS Candidate Name	Category/Type	SEE BELOW/CATERING & EXPS
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) ▶	4262.18
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Bobby Vans Grille		Transaction ID: 70802.E5009 Date of Disbursement 08 / 01 / 2007
Mailing Address 1201 New York Avenue NW		Amount of Each Disbursement this Period 8.00
City Washington State DC Zip Code 20525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
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. Capitol Hill Club		Transaction ID: 70802.E5007 Date of Disbursement 08 / 01 / 2007
Mailing Address 300 First Str SE		Amount of Each Disbursement this Period 731.75
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING Candidate Name	Category/Type	[MEMO ITEM] MEMO: CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 70802.E5006 Date of Disbursement 08 / 01 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 40.62
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING Candidate Name	Category/Type	[MEMO ITEM] MEMO: SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Line 1 Communications Full Name (Last, First, Middle Initial) Mailing Address 3400 Birchwood Manor City Tallahassee State FL Zip Code 32312- Purpose of Disbursement TELEPHONE 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: 70802.E5005 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 171.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TELEPHONE
--	--	--

B. Ruths Chris Restaurant Full Name (Last, First, Middle Initial) Mailing Address 1801 Connecticut Ave NW City Washington State DC Zip Code 20009- Purpose of Disbursement CATERING 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: 70802.E5008 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 2990.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING
--	--	--

C. Matt Leffingwell Full Name (Last, First, Middle Initial) Mailing Address 207 Prince Street City Alexandria State VA Zip Code 22314- Purpose of Disbursement CONSULTING PUBLIC RELATIONS 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: 70721.E4985 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING PUBLIC RELATIO- NS
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SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Huckaby Davis & Associates Full Name (Last, First, Middle Initial) Mailing Address 228 S Washington Street #115 City Alexandria State VA Zip Code 22314- Purpose of Disbursement CONSULTING TREASURY 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: 70701.E4942 Date of Disbursement 07 / 01 / 2007 Amount of Each Disbursement this Period 376.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING TREASURY
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B. Weeks & Co LLP Full Name (Last, First, Middle Initial) Mailing Address 823 Congress Ave #1330 City Austin State TX Zip Code 78701- Purpose of Disbursement CONSULTING FUNDRAISING 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: 70831.E5093 Date of Disbursement 09 / 01 / 2007 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING FUNDRAISING
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C. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 17120 City Tucson State AZ Zip Code 85731- Purpose of Disbursement TELEPHONE 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: 70818.E5048 Date of Disbursement 08 / 09 / 2007 Amount of Each Disbursement this Period 259.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
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SUBTOTAL of Disbursements This Page (optional) ▶	5636.63
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Matt Leffingwell		Transaction ID: 70802.E4998 Date of Disbursement 08 / 01 / 2007
Mailing Address 207 Prince Street		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING PUBLIC RELATIONS	Category/ Type	CONSULTING PUBLIC RELATIO- NS
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. QTS Payroll Services		Transaction ID: 70818.E5049 Date of Disbursement 08 / 15 / 2007
Mailing Address 8170 W. Sahara Avenue		Amount of Each Disbursement this Period 29.80
City Las Vegas State NV Zip Code 89117-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL SERVICES	Category/ Type	PAYROLL SERVICES
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. AT&T Wireless-Cingular Wireless		Transaction ID: 70818.E5046 Date of Disbursement 08 / 09 / 2007
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 99.42
City Los Angeles State CA Zip Code 90060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Category/ Type	TELEPHONE
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) ▶	1129.22
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. James M. McCullough Full Name (Last, First, Middle Initial) Mailing Address 5450 S. Fort Apache Road #286 City Las Vegas State NV Zip Code 89148- Purpose of Disbursement SEE BELOW/TRAVEL & EXPS 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: 70701.E4929 Date of Disbursement 07 / 01 / 2007 Amount of Each Disbursement this Period 564.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW/TRAVEL & EXPS
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B. Albertsons Stores Full Name (Last, First, Middle Initial) Mailing Address 2020 Sunset Rd City Las Vegas State NV Zip Code 89120- 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: 70701.E4935 Date of Disbursement 07 / 01 / 2007 Amount of Each Disbursement this Period 6.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
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C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101- Purpose of Disbursement SHIPPING 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: 70701.E4931 Date of Disbursement 07 / 01 / 2007 Amount of Each Disbursement this Period 38.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING
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SUBTOTAL of Disbursements This Page (optional) ▶	564.25
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. US Airways		Transaction ID: 70701.E4930 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7
Mailing Address 2345 Crystal Dr		Amount of Each Disbursement this Period 440.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22227-	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) ▼	[MEMO ITEM] MEMO: TRAVEL

Full Name (Last, First, Middle Initial) B. James M. McCullough		Transaction ID: 70721.E4986 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 7
Mailing Address 5450 S. Fort Apache Road #286		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89148-	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) ▼	SALARY

Full Name (Last, First, Middle Initial) C. HBC Publications Inc		Transaction ID: 70709.E4972 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address 2290 Corporate Circle #250		Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Henderson State NV Zip Code 89074-	Purpose of Disbursement ADVERTISEMENT 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) ▼	ADVERTISEMENT

SUBTOTAL of Disbursements This Page (optional) ▶	2650.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. IN Compliance Inc.		Transaction ID: 70831.E5090 Date of Disbursement 09 / 01 / 2007	
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 5.60	
City Las Vegas State NV Zip Code 89136-	Purpose of Disbursement TELEPHONE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE	

Full Name (Last, First, Middle Initial) B. IN Compliance Inc.		Transaction ID: 70701.E4943 Date of Disbursement 07 / 01 / 2007	
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 3065.00	
City Las Vegas State NV Zip Code 89136-	Purpose of Disbursement CONSULTING TREASURY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTING TREASURY	

Full Name (Last, First, Middle Initial) C. IRS		Transaction ID: 70831.E5076 Date of Disbursement 09 / 01 / 2007	
Mailing Address		Amount of Each Disbursement this Period 153.00	
City Ogden State UT Zip Code 84201-	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES	

SUBTOTAL of Disbursements This Page (optional) ▶	3223.60
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. IRS Full Name (Last, First, Middle Initial) Mailing Address City Ogden State UT Zip Code 84201-		Transaction ID: 70918.E5102 Date of Disbursement 09 / 01 / 2007
Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 153.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

B. Weeks & Co LLP Full Name (Last, First, Middle Initial) Mailing Address 823 Congress Ave #1330 City Austin State TX Zip Code 78701-		Transaction ID: 70802.E4991 Date of Disbursement 08 / 01 / 2007
Purpose of Disbursement RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

C. Durango Mini Storage Full Name (Last, First, Middle Initial) Mailing Address 920 S Durango City Las Vegas State NV Zip Code 89145-		Transaction ID: 70823.E5073 Date of Disbursement 08 / 23 / 2007
Purpose of Disbursement RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 309.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	1962.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. IN Compliance Inc.		Transaction ID: 70831.E5091 Date of Disbursement 09 / 01 / 2007
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 13.98
City Las Vegas State NV Zip Code 89136-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING & POSTAGE	Candidate Name	PRINTING & POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 70701.E4962 Date of Disbursement 07 / 01 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 52.20
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING	Candidate Name	SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Weeks & Co LLP		Transaction ID: 70701.E4956 Date of Disbursement 07 / 01 / 2007
Mailing Address 823 Congress Ave #1330		Amount of Each Disbursement this Period 488.07
City Austin State TX Zip Code 78701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW/ UTILITIES & SHIPPING	Candidate Name	SEE BELOW/ UTILITIES & SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	554.25
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Cox Communications		Transaction ID: 70701.E4959 Date of Disbursement 07 / 01 / 2007
Mailing Address PO Box 6059		Amount of Each Disbursement this Period 474.57
City Cypress State CA Zip Code 90630-	Purpose of Disbursement INTERNET 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: INTERNET SERVICE

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 70701.E4958 Date of Disbursement 07 / 01 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 13.50
City Memphis State TN Zip Code 38101-	Purpose of Disbursement SHIPPING 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING

Full Name (Last, First, Middle Initial) C. Weeks & Co LLP		Transaction ID: 70701.E4954 Date of Disbursement 07 / 01 / 2007
Mailing Address 823 Congress Ave #1330		Amount of Each Disbursement this Period 7186.00
City Austin State TX Zip Code 78701-	Purpose of Disbursement CONSULTING FUNDRAISING 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING FUNDRAISING

SUBTOTAL of Disbursements This Page (optional) ▶	7186.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Station Casinos		Transaction ID: 70907.E5096 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7
Mailing Address 10973 W. Summerlin Centre Drive		Amount of Each Disbursement this Period 506.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89135-	Purpose of Disbursement SALARY EXPS.	
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) ▼	SALARY EXPS.

Full Name (Last, First, Middle Initial) B. XO Corporation		Transaction ID: 70701.E4960 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7
Mailing Address 2240 Corporate Circle Dr		Amount of Each Disbursement this Period 68.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Henderson State NV Zip Code 89074-	Purpose of Disbursement TELEPHONE	
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) ▼	TELEPHONE

Full Name (Last, First, Middle Initial) C. Spalding Group Inc		Transaction ID: 70709.E4974 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address 2306 Frankfort Avenue		Amount of Each Disbursement this Period 281.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Louisville State KY Zip Code 40206-	Purpose of Disbursement LAPEL STICKERS	
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) ▼	LAPEL STICKERS

SUBTOTAL of Disbursements This Page (optional) ▶	856.10
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. IN Compliance Inc.		Transaction ID: 70701.E4945 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 6.30
City Las Vegas State NV Zip Code 89136-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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. AT&T Wirless-Cingular Wireless		Transaction ID: 70714.E4980 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 7
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 126.41
City Los Angeles State CA Zip Code 90060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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. IRS		Transaction ID: 70721.E4987 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 171.00
City Ogden State UT Zip Code 84201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	PAYROLL TAXES
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) ▶	303.71
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)
Porter for Congress

A. Townsend Group Full Name (Last, First, Middle Initial) Mailing Address 1006 Pendleton Street City Alexandria State VA Zip Code 22314- Purpose of Disbursement CONSULTING FUNDRAISING 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: 70831.E5081 Date of Disbursement 09 / 01 / 2007 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING FUNDRAISING
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B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101- Purpose of Disbursement SHIPPING 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: 70701.E4961 Date of Disbursement 07 / 01 / 2007 Amount of Each Disbursement this Period 46.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING
--	--	---

C. Weeks & Co LLP Full Name (Last, First, Middle Initial) Mailing Address 823 Congress Ave #1330 City Austin State TX Zip Code 78701- Purpose of Disbursement SEE BELOW/ UTILITIES & SHIPPING 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: 70802.E4992 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 512.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW/ UTILITIES & SHIPPING
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SUBTOTAL of Disbursements This Page (optional) ▶	3559.15
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Cox Communications Full Name (Last, First, Middle Initial) Mailing Address PO Box 6059 City Cypress State CA Zip Code 90630- Purpose of Disbursement INTERNET 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) ▼		Transaction ID: 70802.E4993 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 472.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: INTERNET SERVICES
--	--	--

B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101- Purpose of Disbursement SHIPPING 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: 70802.E4994 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 39.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING
--	--	--

C. Aristotle Publis CC.Com Full Name (Last, First, Middle Initial) Mailing Address 205 Pennsylvania Ave SE City Washington State DC Zip Code 20003- Purpose of Disbursement MERCHANT FEES 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: 70923.E5111 Date of Disbursement 07 / 31 / 2007 Amount of Each Disbursement this Period 394.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MERCHANT FEES
--	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	394.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. QTS Payroll Services		Transaction ID: 70802.E4995 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 8170 W. Sahara Avenue		Amount of Each Disbursement this Period 29.80
City Las Vegas State NV Zip Code 89117-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL SERVICES	Candidate Name	PAYROLL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 70802.E5001 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 76.22
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING	Candidate Name	SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 70831.E5079 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 15.10
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING	Candidate Name	SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	121.12
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. QTS Payroll Services		Transaction ID: 70918.E5105 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7
Mailing Address 8170 W. Sahara Avenue		Amount of Each Disbursement this Period 42.30
City Las Vegas State NV Zip Code 89117-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL SERVICES	Candidate Name	PAYROLL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. November Inc		Transaction ID: 70802.E5016 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address PO Box 27972		Amount of Each Disbursement this Period 2664.14
City Las Vegas State NV Zip Code 89126-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW/PRINTING & EXPS	Candidate Name	SEE BELOW/PRINTING & EXPS
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. Amazon.com		Transaction ID: 70802.E5018 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 209 Redwood Shores Parkway		Amount of Each Disbursement this Period 263.00
City Redwood City State CA Zip Code 94065-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
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) ▶	2706.44
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101- Purpose of Disbursement SHIPPING 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: 70802.E5019 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 26.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING
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B. Panevino Ristorante Full Name (Last, First, Middle Initial) Mailing Address 2469 Via Antonio Avenue City Las Vegas State NV Zip Code 89119- 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: 70802.E5020 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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C. Walmart Store Full Name (Last, First, Middle Initial) Mailing Address 3615 S Rainbow Blvd City Las Vegas State NV Zip Code 89147- 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) ▼		Transaction ID: 70802.E5017 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 2007.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PRINTING
--	--	--

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Townsend Group		Transaction ID: 70701.E4950 Date of Disbursement 07 / 01 / 2007
Mailing Address 1006 Pendleton Street		Amount of Each Disbursement this Period 842.10
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW/CATERING & EXPS	Candidate Name	SEE BELOW/CATERING & EXPS
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. Capitol Hill Club		Transaction ID: 70701.E4951 Date of Disbursement 07 / 01 / 2007
Mailing Address 300 First Str SE		Amount of Each Disbursement this Period 572.22
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING	Candidate Name	[MEMO ITEM] MEMO: CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 70701.E4952 Date of Disbursement 07 / 01 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 39.36
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING	Candidate Name	[MEMO ITEM] MEMO: SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	842.10
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Line 1 Communications Full Name (Last, First, Middle Initial) Mailing Address 3400 Birchwood Manor City Tallahassee State FL Zip Code 32312- Purpose of Disbursement TELEPHONE 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: 70701.E4953 Date of Disbursement 07 / 01 / 2007 Amount of Each Disbursement this Period 230.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TELEPHONE
--	--	--

B. American Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 0001 City Los Angeles State CA Zip Code 90096- Purpose of Disbursement SEE BELOW/TRAVEL & EXPS 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: 70802.E5014 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 15392.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW/TRAVEL & EXPS
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C. Amazon.com Full Name (Last, First, Middle Initial) Mailing Address 209 Redwood Shores Parkway City Redwood City State CA Zip Code 94065- 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: 70802.E5036 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 656.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
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SUBTOTAL of Disbursements This Page (optional) ▶	15392.03
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. America Restaurant		Transaction ID: 71004.E5158 Date of Disbursement 08 / 01 / 2007
Mailing Address 50 Massachusetts Ave Ne		Amount of Each Disbursement this Period 178.97
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement :MEALS Candidate Name	Category/ Type	[MEMO ITEM] MEMO: :MEALS
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. America Restaurant		Transaction ID: 71004.E5156 Date of Disbursement 08 / 01 / 2007
Mailing Address 50 Massachusetts Ave Ne		Amount of Each Disbursement this Period 178.97
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/ Type	[MEMO ITEM] MEMO: MEALS
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. BLT Steak Restaurant		Transaction ID: 70802.E5032 Date of Disbursement 08 / 01 / 2007
Mailing Address 1625 I St NW		Amount of Each Disbursement this Period 225.85
City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/ Type	[MEMO ITEM] MEMO: MEALS
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 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Bobby Vans Grille		Transaction ID: 70802.E5035 Date of Disbursement 08 / 01 / 2007
Mailing Address 1201 New York Avenue NW		Amount of Each Disbursement this Period 1720.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20525-	Purpose of Disbursement CATERING 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] MEMO: CATERING

Full Name (Last, First, Middle Initial) B. Capital Grille		Transaction ID: 70802.E5029 Date of Disbursement 08 / 01 / 2007
Mailing Address 3200 Las Vegas Blvd S		Amount of Each Disbursement this Period 143.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89109-	Purpose of Disbursement MEALS 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] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: 70802.E5031 Date of Disbursement 08 / 01 / 2007
Mailing Address 300 First Str SE		Amount of Each Disbursement this Period 2165.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement CATERING/MEALS 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] MEMO: CATERING/MEALS

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Carlyle Grand Cafe		Transaction ID: 71004.E5157 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 4000 28th Street S		Amount of Each Disbursement this Period 96.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22206-	Purpose of Disbursement :MEALS 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] MEMO: :MEALS

Full Name (Last, First, Middle Initial) B. Charlie Palmer Steakhouse		Transaction ID: 70802.E5038 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 11 Constitution Ave NE		Amount of Each Disbursement this Period 30.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-5618	Purpose of Disbursement MEALS 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] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. Chevron		Transaction ID: 70802.E5030 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 4150 Boulder Hwy		Amount of Each Disbursement this Period 184.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Henderson State NV Zip Code 89014-	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) ▼	[MEMO ITEM] MEMO: TRAVEL

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Express Lane Mart		Transaction ID: 70802.E5043 Date of Disbursement 08 / 01 / 2007
Mailing Address 1300 Sunset Rd		Amount of Each Disbursement this Period 53.09
City Henderson State NV Zip Code 89014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: TRAVEL
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. Gaetanos Ristorante		Transaction ID: 70802.E5034 Date of Disbursement 08 / 01 / 2007
Mailing Address 10271 S Eastern Avenue #1111		Amount of Each Disbursement this Period 66.72
City Henderson State NV Zip Code 89052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
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. Harris Teeter		Transaction ID: 70802.E5027 Date of Disbursement 08 / 01 / 2007
Mailing Address 4619 Duke Street		Amount of Each Disbursement this Period 207.47
City Alexandria State VA Zip Code 22304-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Lucilles Restaurant Full Name (Last, First, Middle Initial) Mailing Address 2245 Village Walk Drive City Henderson State NV Zip Code 89052- 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: 70802.E5033 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 59.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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B. Oceanaire Full Name (Last, First, Middle Initial) Mailing Address 1201 F Street NW City Washington State DC Zip Code 20004- 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: 70802.E5026 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 602.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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C. Old Ebbitt Grill Full Name (Last, First, Middle Initial) Mailing Address 675 15th Street NW City Washington State DC Zip Code 20005- 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: 70802.E5028 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 465.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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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 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Pacifica Bali Hai		Transaction ID: 70802.E5040 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 5160 Las Vegas Blvd S		Amount of Each Disbursement this Period 1555.00
City Las Vegas State NV Zip Code 89101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING	Candidate Name	[MEMO ITEM] MEMO: CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stack Restaurant		Transaction ID: 70802.E5041 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 3400 Las Vegas Blvd S		Amount of Each Disbursement this Period 4473.81
City Las Vegas State NV Zip Code 89109-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING	Candidate Name	[MEMO ITEM] MEMO: CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Starbucks		Transaction ID: 70802.E5044 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 180 Stephanie		Amount of Each Disbursement this Period 6.20
City Henderson State NV Zip Code 89014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Trattroia Alberto		Transaction ID: 70802.E5037 Date of Disbursement 08 / 01 / 2007
Mailing Address 1660 Craine Hwy		Amount of Each Disbursement this Period 659.30
City State Zip Code Glen Burnie MD 21061-	Purpose of Disbursement MEALS	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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. Zola Restaurant		Transaction ID: 70802.E5039 Date of Disbursement 08 / 01 / 2007
Mailing Address 800 F St NW		Amount of Each Disbursement this Period 244.48
City State Zip Code Washington DC 20004-	Purpose of Disbursement MEALS	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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. Townsend Group		Transaction ID: 70831.E5082 Date of Disbursement 09 / 01 / 2007
Mailing Address 1006 Pendleton Street		Amount of Each Disbursement this Period 1823.80
City State Zip Code Alexandria VA 22314-	Purpose of Disbursement SEE BELOW/CATERING & EXPS	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW/CATERING & EXPS
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) ▶	1823.80
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Capital Q BBQ		Transaction ID: 70831.E5087 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2007
Mailing Address 707 H Street NW		Amount of Each Disbursement this Period 482.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement CATERING Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: CATERING
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 70831.E5084 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2007
Mailing Address 300 First Str SE		Amount of Each Disbursement this Period 475.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement CATERING Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: CATERING
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: 70831.E5085 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 108.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement SHIPPING Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: SHIPPING
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 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

<p>A. Line 1 Communications</p> <p>Full Name (Last, First, Middle Initial) Porter for Congress</p> <p>Mailing Address 3400 Birchwood Manor</p> <p>City Tallahassee State FL Zip Code 32312-</p> <p>Purpose of Disbursement BLAST FAX</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70831.E5083</p> <p>Date of Disbursement 09 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 177.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: BLAST FAX</p>
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<p>B. W Millar & Company Catering</p> <p>Full Name (Last, First, Middle Initial) W Millar & Company Catering</p> <p>Mailing Address 1335 14th Street NW</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement CATERING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70831.E5086</p> <p>Date of Disbursement 09 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 386.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CATERING</p>
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<p>C. Station Casinos</p> <p>Full Name (Last, First, Middle Initial) Station Casinos</p> <p>Mailing Address 10973 W. Summerlin Centre Drive</p> <p>City Las Vegas State NV Zip Code 89135-</p> <p>Purpose of Disbursement INVITATIONS & TELEPHONE SVC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70907.E5097</p> <p>Date of Disbursement 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 97.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>INVITATIONS & TELEPHONE SVC</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>97.50</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Huckaby Davis & Associates		Transaction ID: 70818.E5047 Date of Disbursement 08 / 09 / 2007
Mailing Address 228 S Washington Street #115		Amount of Each Disbursement this Period 627.50
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING TREASURY	Candidate Name	CONSULTING TREASURY
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. Spalding Group Inc		Transaction ID: 71003.E5152 Date of Disbursement 09 / 30 / 2007
Mailing Address 2306 Frankfort Avenue		Amount of Each Disbursement this Period 416.00
City Louisville State KY Zip Code 40206-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MERCHANT FEES	Candidate Name	MERCHANT FEES
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. AT&T Wireless-Cingular Wireless		Transaction ID: 70714.E4979 Date of Disbursement 07 / 13 / 2007
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 115.57
City Los Angeles State CA Zip Code 90060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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) ▶	1159.07
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 118 / 144

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 70622.E4907 Date of Disbursement 07 / 01 / 2007
Mailing Address PO Box 0001		Amount of Each Disbursement this Period 7649.30
City Los Angeles State CA Zip Code 90096-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW/ TRAVEL & EXPS	Candidate Name	SEE BELOW/ TRAVEL & EXPS
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 Express		Transaction ID: 71004.E5154 Date of Disbursement 07 / 01 / 2007
Mailing Address PO Box 0001		Amount of Each Disbursement this Period 269.99
City Los Angeles State CA Zip Code 90096-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEMBERSHIP/CARD FEES	Candidate Name	[MEMO ITEM] MEMO: MEMBERSHIP/CARD FEES
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. Belga Cafe		Transaction ID: 70622.E4911 Date of Disbursement 07 / 01 / 2007
Mailing Address 514 8th Street SE		Amount of Each Disbursement this Period 220.69
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
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) ▶	7649.30
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Capital Grille		Transaction ID: 70622.E4921 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2007
Mailing Address 3200 Las Vegas Blvd S		Amount of Each Disbursement this Period 261.33
City Las Vegas State NV Zip Code 89109-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
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. Chevron		Transaction ID: 70622.E4910 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2007
Mailing Address 4150 Boulder Hwy		Amount of Each Disbursement this Period 214.30
City Henderson State NV Zip Code 89014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM] MEMO: TRAVEL
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. Costco		Transaction ID: 70622.E4924 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2007
Mailing Address 1080 Sunset Rd		Amount of Each Disbursement this Period 2156.40
City Henderson State NV Zip Code 89014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EQUIPMENT & SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE EQUIPMENT & SUPPLIES
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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Express Lane Mart		Transaction ID: 70622.E4917 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7
Mailing Address 1300 Sunset Rd		Amount of Each Disbursement this Period 74.00
City Henderson State NV Zip Code 89014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: TRAVEL
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. Hook Hook		Transaction ID: 70622.E4918 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7
Mailing Address 3241 M Street NW		Amount of Each Disbursement this Period 372.00
City Washington State DC Zip Code 20007-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
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. Kelly Paper		Transaction ID: 70622.E4927 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7
Mailing Address 3655 W Sunset Road		Amount of Each Disbursement this Period 149.58
City Las Vegas State NV Zip Code 89118-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES
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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Oceanaire		Transaction ID: 70622.E4920 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2007
Mailing Address 1201 F Street NW		Amount of Each Disbursement this Period 602.90
City Washington State DC Zip Code 20004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	[MEMO ITEM] MEMO: MEALS
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. Office Depot		Transaction ID: 70622.E4925 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2007
Mailing Address 3366 E Willow Str		Amount of Each Disbursement this Period 40.26
City Long Beach State CA Zip Code 90806-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
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. Office Max		Transaction ID: 70622.E4916 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2007
Mailing Address 8720 W Charleston Blvd		Amount of Each Disbursement this Period 220.93
City Las Vegas State NV Zip Code 89117-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

<p>A. Sonoma Restaurant</p> <p>Full Name (Last, First, Middle Initial) Sonoma Restaurant</p> <p>Mailing Address 223 W Pennsylvania Ave</p> <p>City Washington State DC Zip Code 20007-</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 70622.E4912</p> <p>Date of Disbursement 07 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 412.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Speedee Mart Henderson</p> <p>Full Name (Last, First, Middle Initial) Speedee Mart Henderson</p> <p>Mailing Address 1500 W Horizon Ridge Pkwy</p> <p>City Henderson State NV Zip Code 89012-</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 70622.E4928</p> <p>Date of Disbursement 07 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 123.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: TRAVEL</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. The Market Inn</p> <p>Full Name (Last, First, Middle Initial) The Market Inn</p> <p>Mailing Address 200 E Street NW</p> <p>City Washington State DC Zip Code 20024-</p> <p>Purpose of Disbursement :MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 71004.E5155</p> <p>Date of Disbursement 07 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 114.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: :MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

<p>A. Tortilla Coast</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 400 1st Street SE</p>		<p>Transaction ID: 70622.E4923 Date of Disbursement 07 / 01 / 2007</p>
<p>City Washington State DC Zip Code 20003-</p>	<p>Purpose of Disbursement MEALS</p>	<p>Amount of Each Disbursement this Period 47.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS</p>

<p>B. US Airways</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2345 Crystal Dr</p>		<p>Transaction ID: 70622.E4908 Date of Disbursement 07 / 01 / 2007</p>
<p>City Arlington State VA Zip Code 22227-</p>	<p>Purpose of Disbursement TRAVEL</p>	<p>Amount of Each Disbursement this Period 159.41</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL</p>

<p>C. US Postmaster</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1001 E Sunset Road</p>		<p>Transaction ID: 70622.E4926 Date of Disbursement 07 / 01 / 2007</p>
<p>City Las Vegas State NV Zip Code 89119-</p>	<p>Purpose of Disbursement POSTAGE</p>	<p>Amount of Each Disbursement this Period 288.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE</p>

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70622.E4915 Date of Disbursement 07 / 01 / 2007
Mailing Address PO Box 17120		Amount of Each Disbursement this Period 43.09
City Tucson State AZ Zip Code 85731-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	[MEMO ITEM] MEMO: TELEPHONE
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. QTS Payroll Services		Transaction ID: 70721.E4988 Date of Disbursement 07 / 15 / 2007
Mailing Address 8170 W. Sahara Avenue		Amount of Each Disbursement this Period 29.80
City Las Vegas State NV Zip Code 89117-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL SERVICES	Candidate Name	PAYROLL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Townsend Group		Transaction ID: 70802.E5003 Date of Disbursement 08 / 01 / 2007
Mailing Address 1006 Pendleton Street		Amount of Each Disbursement this Period 8000.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING FUNDRAISING	Candidate Name	CONSULTING FUNDRAISING
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) ▶	8029.80
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101- Purpose of Disbursement SHIPPING 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: 70802.E5002 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 66.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING
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B. AT&T Wirless-Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 60017 City Los Angeles State CA Zip Code 90060- Purpose of Disbursement TELEPHONE 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: 70818.E5053 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 115.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
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C. Townsend Group Full Name (Last, First, Middle Initial) Mailing Address 1006 Pendleton Street City Alexandria State VA Zip Code 22314- Purpose of Disbursement CONSULTING FUNDRAISING 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: 70701.E4949 Date of Disbursement 07 / 01 / 2007 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING FUNDRAISING
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SUBTOTAL of Disbursements This Page (optional) ▶	3181.80
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Cox Communications		Transaction ID: 70818.E5052 Date of Disbursement 08 / 15 / 2007
Mailing Address PO Box 6059		Amount of Each Disbursement this Period 467.75
City Cypress State CA Zip Code 90630-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICES	Candidate Name	INTERNET SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. IN Compliance Inc.		Transaction ID: 70831.E5089 Date of Disbursement 09 / 01 / 2007
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 3065.00
City Las Vegas State NV Zip Code 89136-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING TREASURY	Candidate Name	CONSULTING TREASURY
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. Autumn Productions		Transaction ID: 70831.E5092 Date of Disbursement 09 / 01 / 2007
Mailing Address 900 S Pavillion Center Dr #150		Amount of Each Disbursement this Period 10000.00
City Las Vegas State NV Zip Code 89144-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING MANAGEMENT	Candidate Name	CONSULTING MANAGEMENT
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) ▶	13532.75
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. QTS Payroll Services		Transaction ID: 70831.E5075 Date of Disbursement 09 / 01 / 2007
Mailing Address 8170 W. Sahara Avenue		Amount of Each Disbursement this Period 29.80
City Las Vegas State NV Zip Code 89117-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL SERVICES	Candidate Name	PAYROLL SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. James M. McCullough		Transaction ID: 70802.E4997 Date of Disbursement 07 / 31 / 2007
Mailing Address 5450 S. Fort Apache Road #286		Amount of Each Disbursement this Period 2000.00
City Las Vegas State NV Zip Code 89148-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
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. IN Compliance Inc.		Transaction ID: 70714.E4981 Date of Disbursement 07 / 13 / 2007
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 1250.00
City Las Vegas State NV Zip Code 89136-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement QTRLY SOFTWARE/SUPPORT	Candidate Name	QTRLY SOFTWARE/SUPPORT
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) ▶	3279.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. IN Compliance Inc.		Transaction ID: 70701.E4944 Date of Disbursement 07 / 01 / 2007	
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 210.92	
City Las Vegas State NV Zip Code 89136-	Purpose of Disbursement SOFTWARE RENEWAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SOFTWARE RENEWAL	

Full Name (Last, First, Middle Initial) B. IRS		Transaction ID: 70802.E4996 Date of Disbursement 07 / 31 / 2007	
Mailing Address		Amount of Each Disbursement this Period 153.00	
City Ogden State UT Zip Code 84201-	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES	

Full Name (Last, First, Middle Initial) C. James M. McCullough		Transaction ID: 70918.E5101 Date of Disbursement 09 / 01 / 2007	
Mailing Address 5450 S. Fort Apache Road #286		Amount of Each Disbursement this Period 2000.00	
City Las Vegas State NV Zip Code 89148-	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

SUBTOTAL of Disbursements This Page (optional) ▶	2363.92
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 70831.E5080 Date of Disbursement 09 / 01 / 2007
Mailing Address PO Box 1140		Amount of Each Disbursement this Period 23.20
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING Candidate Name	Category/Type	SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70907.E5098 Date of Disbursement 09 / 07 / 2007
Mailing Address PO Box 17120		Amount of Each Disbursement this Period 124.75
City Tucson State AZ Zip Code 85731-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE Candidate Name	Category/Type	TELEPHONE
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. Las Vegas Screen Printing		Transaction ID: 70709.E4966 Date of Disbursement 07 / 09 / 2007
Mailing Address 520 W. Sunset Road #15		Amount of Each Disbursement this Period 807.21
City Henderson State NV Zip Code 89011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TSHIRTS Candidate Name	Category/Type	TSHIRTS
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) ▶	955.16
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. IN Compliance Inc.		Transaction ID: 70802.E5012 Date of Disbursement 08 / 01 / 2007
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 5.00
City Las Vegas State NV Zip Code 89136-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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. Nevada Department of Taxation		Transaction ID: 70716.E4983 Date of Disbursement 07 / 10 / 2007
Mailing Address PO Box 98596		Amount of Each Disbursement this Period 75.60
City Las Vegas State NV Zip Code 89193-8596	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BUSINESS TAXES	Candidate Name	BUSINESS TAXES
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. IRS		Transaction ID: 70818.E5051 Date of Disbursement 08 / 15 / 2007
Mailing Address		Amount of Each Disbursement this Period 153.00
City Ogden State UT Zip Code 84201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	PAYROLL TAXES
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)	233.60
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. James M. McCullough		Transaction ID: 70831.E5074 Date of Disbursement 09 / 01 / 2007
Mailing Address 5450 S. Fort Apache Road #286		Amount of Each Disbursement this Period 2000.00
City Las Vegas State NV Zip Code 89148-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
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. Nevada Department of Taxation		Transaction ID: 70716.E4982 Date of Disbursement 07 / 10 / 2007
Mailing Address PO Box 98596		Amount of Each Disbursement this Period 85.43
City Las Vegas State NV Zip Code 89193-8596	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BUSINESS TAXES	Candidate Name	BUSINESS TAXES
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. Durango Mini Storage		Transaction ID: 70701.E4937 Date of Disbursement 07 / 01 / 2007
Mailing Address 920 S Durango		Amount of Each Disbursement this Period 147.00
City Las Vegas State NV Zip Code 89145-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT	Candidate Name	RENT
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) ▶	2232.43
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. James M. McCullough Full Name (Last, First, Middle Initial) Mailing Address 5450 S. Fort Apache Road #286 City Las Vegas State NV Zip Code 89148- 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: 70818.E5050 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
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B. AT&T Wirless-Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 60017 City Los Angeles State CA Zip Code 90060- Purpose of Disbursement TELEPHONE 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: 70705.E4964 Date of Disbursement 07 / 05 / 2007 Amount of Each Disbursement this Period 82.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
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C. American Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 0001 City Los Angeles State CA Zip Code 90096- Purpose of Disbursement SEE BELOW/TRAVEL & EXPS 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: 70818.E5055 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 3783.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW/TRAVEL & EXPS
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SUBTOTAL of Disbursements This Page (optional) ▶	5866.01
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Albertsons Stores		Transaction ID: 70818.E5058 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 2020 Sunset Rd		Amount of Each Disbursement this Period 399.02
City Las Vegas State NV Zip Code 89120-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES
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. Belga Cafe		Transaction ID: 70818.E5060 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 514 8th Street SE		Amount of Each Disbursement this Period 289.12
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
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. Black Mountain Grill		Transaction ID: 70818.E5066 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 11021 S Eastern Avenue		Amount of Each Disbursement this Period 44.00
City Henderson State NV Zip Code 89052-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Capital Grille Full Name (Last, First, Middle Initial) Mailing Address 3200 Las Vegas Blvd S City Las Vegas State NV Zip Code 89109- 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: 70818.E5064 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 235.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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B. Capitol Hill Club Full Name (Last, First, Middle Initial) Mailing Address 300 First Str SE City Washington State DC Zip Code 20003- Purpose of Disbursement CATERING/MEALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70818.E5061 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 888.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING/MEALS
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C. Charlie Palmer Steakhouse Full Name (Last, First, Middle Initial) Mailing Address 11 Constitution Ave NE City Washington State DC Zip Code 20002-5618 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: 70818.E5067 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 74.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Chevron Full Name (Last, First, Middle Initial) Mailing Address 4150 Boulder Hwy City Henderson State NV Zip Code 89014- 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: 70818.E5057 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 283.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
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B. Express Lane Mart Full Name (Last, First, Middle Initial) Mailing Address 1300 Sunset Rd City Henderson State NV Zip Code 89014- 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: 70818.E5072 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 93.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
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C. Exxon Mobile Gas Full Name (Last, First, Middle Initial) Mailing Address 2375 S Eastern Ave City Henderson State NV Zip Code 89014- 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: 70818.E5059 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 74.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
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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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A. Gaetanos Ristorante Full Name (Last, First, Middle Initial) Mailing Address 10271 S Eastern Avenue #1111 City Henderson State NV Zip Code 89052- 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: 70818.E5065 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 58.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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B. Office Depot Full Name (Last, First, Middle Initial) Mailing Address 3366 E Willow Str City Long Beach State CA Zip Code 90806- 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: 70818.E5070 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 23.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
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C. Sonoma Restaurant Full Name (Last, First, Middle Initial) Mailing Address 223 W Pennsylvania Ave City Washington State DC Zip Code 20007- 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: 70818.E5056 Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 105.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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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 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Tortilla Coast		Transaction ID: 70818.E5068 Date of Disbursement 08 / 15 / 2007
Mailing Address 400 1st Street SE		Amount of Each Disbursement this Period 36.97
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEALS
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. Verizon Wireless		Transaction ID: 70818.E5062 Date of Disbursement 08 / 15 / 2007
Mailing Address PO Box 17120		Amount of Each Disbursement this Period 412.41
City Tucson State AZ Zip Code 85731-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE Candidate Name	Category/Type	[MEMO ITEM] MEMO: TELEPHONE
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. Walmart Store		Transaction ID: 70818.E5069 Date of Disbursement 08 / 15 / 2007
Mailing Address 3615 S Rainbow Blvd		Amount of Each Disbursement this Period 183.42
City Las Vegas State NV Zip Code 89147-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES
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 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Matt Leffingwell		Transaction ID: 70831.E5078 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7
Mailing Address 207 Prince Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	CONSULTING PUBLIC RELATIONS Category/Type	
Purpose of Disbursement CONSULTING PUBLIC RELATIONS		
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) ▼	CONSULTING PUBLIC RELATIONS

Full Name (Last, First, Middle Initial) B. Cox Communications		Transaction ID: 70918.E5108 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address PO Box 6059		Amount of Each Disbursement this Period 473.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cypress State CA Zip Code 90630-	INTERNET SERVICES Category/Type	
Purpose of Disbursement INTERNET 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) ▼	INTERNET SERVICES

Full Name (Last, First, Middle Initial) C. IN Compliance Inc.		Transaction ID: 70701.E4946 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 7
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 16.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89136-	PRINTING & POSTAGE Category/Type	
Purpose of Disbursement PRINTING & 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) ▼	PRINTING & POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	1489.43
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Weeks & Co LLP		Transaction ID: 70831.E5094 Date of Disbursement 09 / 01 / 2007
Mailing Address 823 Congress Ave #1330		Amount of Each Disbursement this Period 1500.00
City Austin State TX Zip Code 78701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name	Category/Type	RENT
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. IN Compliance Inc.		Transaction ID: 70802.E5011 Date of Disbursement 08 / 01 / 2007
Mailing Address PO Box 751271		Amount of Each Disbursement this Period 3065.00
City Las Vegas State NV Zip Code 89136-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING TREASURY Candidate Name	Category/Type	CONSULTING TREASURY
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. AT&T Wireless-Cingular Wireless		Transaction ID: 70907.E5099 Date of Disbursement 09 / 07 / 2007
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 126.13
City Los Angeles State CA Zip Code 90060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE Candidate Name	Category/Type	TELEPHONE
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) ▶	4691.13
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Greenspun Media Group		Transaction ID: 70701.E4941 Date of Disbursement 07 / 01 / 2007
Mailing Address PO Box 15248		Amount of Each Disbursement this Period 299.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City North Hollywood State CA Zip Code 91615-	Purpose of Disbursement SUBSCRIPTION 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) ▼	SUBSCRIPTION

Full Name (Last, First, Middle Initial) B. Majority Communications		Transaction ID: 70701.E4948 Date of Disbursement 07 / 01 / 2007
Mailing Address 135 Professional Drive #104		Amount of Each Disbursement this Period 3570.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ponte Vedra Beach State FL Zip Code 32082-	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) ▼	PRINTING

Full Name (Last, First, Middle Initial) C. AT&T Wireless-Cingular Wireless		Transaction ID: 70907.E5100 Date of Disbursement 09 / 07 / 2007
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 116.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90060-	Purpose of Disbursement TELEPHONE 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) ▼	TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶	3985.30
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial) A. Weeks & Co LLP		Transaction ID: 70802.E4990 Date of Disbursement 08 / 01 / 2007	
Mailing Address 823 Congress Ave #1330		Amount of Each Disbursement this Period 5000.00	
City Austin State TX Zip Code 78701-	Purpose of Disbursement CONSULTING FUNDRAISING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	CONSULTING FUNDRAISING	
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. Weeks & Co LLP		Transaction ID: 70701.E4955 Date of Disbursement 07 / 01 / 2007	
Mailing Address 823 Congress Ave #1330		Amount of Each Disbursement this Period 1500.00	
City Austin State TX Zip Code 78701-	Purpose of Disbursement RENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	RENT	
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)

6500.00

TOTAL This Period (last page this line number only)

122591.12

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

Full Name (Last, First, Middle Initial)
A. Southern Nevada Devil Pups Fund

Mailing Address 272 El Camino Verde

City Henderson State NV Zip Code 89074-

Purpose of Disbursement
CHARITABLE DONATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70709.E4965

Date of Disbursement

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

Amount of Each Disbursement this Period

350.00

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

SUBTOTAL of Disbursements This Page (optional)

350.00

TOTAL This Period (last page this line number only)

350.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Porter for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): See Below/ Travel & Exps
Mailing Address PO Box 0001	
City State ZIP Code Los Angeles CA 90096-	

Outstanding Balance Beginning This Period 7649.30	Transaction ID: 2LS70622.E4907	
Amount Incurred This Period 0.00	Payment This Period 7649.30	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): Travel & Exps
Mailing Address PO Box 0001	
City State ZIP Code Los Angeles CA 90096-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 3LS71001.E5113	
Amount Incurred This Period 6730.57	Payment This Period 0.00	Outstanding Balance at Close of This Period 6730.57

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Autumn Productions	Nature of Debt (Purpose): Consulting Management
Mailing Address 900 S Pavillion Center Dr #150	
City State ZIP Code Las Vegas NV 89144-	

Outstanding Balance Beginning This Period 10000.00	Transaction ID: LS70831.E5092	
Amount Incurred This Period 0.00	Payment This Period 10000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	6730.57
2) TOTALS This Period (last page this line number only).....	6730.57
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Image# 27990794689

Form/Schedule: **F3A** This amendment reflects the name correction for the contributor listed as Charles Frias. This amendment now
Transaction ID: **C00367367** reflects the corrected contributor as, Mrs. Charles Frias.
