

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2006 JUL 24 9:02

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

SCHROEDER FOR CONGRESS COMMITTEE, INC.

ADDRESS (number and street)

2000 GAYLORD ST.

Check if different than previously reported. (ACC)

DENVER

CO

80205

5622

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C 00008235

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

State

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Victoria G. Promis

Signature of Treasurer

Handwritten signature of Victoria G. Promis

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

26039151557

**SUMMARY PAGE**

Write or Type Committee Name

**SCHROEDER FOR CONGRESS COMMITTEE, INC.**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	<input type="text"/>	<input type="text"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text"/>	<input type="text"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	<input type="text"/>	<input type="text"/>
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	1383.49	10159.09
(b) Total Offsets to Operating Expenditures (from Line 14) .....	<input type="text"/>	5.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	1383.49	10154.09
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	69447.30	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<input type="text"/>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<input type="text"/>	

**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 12/2003)

Page 3

Write or Type Committee Name

**SCHROEDER FOR CONGRESS COMMITTEE, INC.**

Report Covering the Period: From: 

MM	DD	YYYY
04	01	2006

 To: 

MM	DD	YYYY
06	30	2006

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).....		
(ii) Unitemized.....		
(iii) TOTAL of contributions from individuals.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....		
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		5.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	613.14	3513.27
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	613.14	3518.27

200608151515

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES.....	1383.49	10159.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS .....	3500.00	33000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	4883.49	43159.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	73717.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	613.14
25. SUBTOTAL (add Line 23 and Line 24).....	74330.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4883.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	69447.30

2003015150

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 4

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

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)

**SCHROEDER FOR CONGRESS COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mountain States Bank**

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY  
04 / 28 / 2006

Amount of Each Receipt this Period

10.74

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

Full Name (Last, First, Middle Initial)

**B. Mountain States Bank**

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY  
04 / 28 / 2006

Amount of Each Receipt this Period

36.35

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

Full Name (Last, First, Middle Initial)

**C. Mountain States Bank**

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY  
05 / 31 / 2006

Amount of Each Receipt this Period

9.84

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**SCHROEDER FOR CONGRESS COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Mountain States Bank**

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

Date of Receipt

MM	DD	YYYY
05	31	2006

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

44.46

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date

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

Full Name (Last, First, Middle Initial)

**B. Mountain States Bank**

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

Date of Receipt

MM	DD	YYYY
06	30	2006

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

5.69

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date

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

Full Name (Last, First, Middle Initial)

**C. Mountain States Bank**

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

Date of Receipt

MM	DD	YYYY
06	30	2006

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

42.18

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date

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

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

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


200309151502

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

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

FOR LINE NUMBER: PAGE 3 OF 4  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full):  
**SCHROEDER FOR CONGRESS COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)  
**A. U.S. Bank**

Mailing Address  
**P. O. Box 5548**

City State Zip Code  
**Denver, CO 80217**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
**04 / 25 / 2006**

Amount of Each Receipt this Period  
**1.03**

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

Full Name (Last, First, Middle Initial)  
**B. U.S. Bank**

Mailing Address  
**P. O. Box 5548**

City State Zip Code  
**Denver, CO 80217**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
**05 / 23 / 2006**

Amount of Each Receipt this Period  
**.88**

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

Full Name (Last, First, Middle Initial)  
**C. U.S. Bank**

Mailing Address  
**P. O. Box 5548**

City State Zip Code  
**Denver, CO 80217**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
**06 / 23 / 2006**

Amount of Each Receipt this Period  
**.97**

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

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

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

20070315

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 4	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**SCHROEDER FOR CONGRESS COMMITTEE, INC.**

Full Name (Last, First, Middle Initial) <b>A. World Savings and Loan</b>		Date of Receipt MM / DD / YYYY <b>06 / 30 / 2006</b>
Mailing Address <b>3155 E. 1st Ave.</b>		Amount of Each Receipt this Period <b>461.00</b>
City <b>Denver, CO</b>	State Zip Code <b>80206</b>	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ _____	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ _____	

SUBTOTAL of Receipts This Page (optional).....	_____
TOTAL This Period (last page this line number only).....	<b>613.14</b>

200809151504



**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)

**SCHROEDER FOR CONGRESS COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Snead and Promis, LLP**

Mailing Address  
2000 Gaylord St.

City State Zip Code  
Denver, CO 80205

Purpose of Disbursement  
Legal, Accounting, Database Mgt

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2006

Amount of Each Disbursement this Period

1329.50

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

001  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

Category/  
Type

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

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

1329.50

3951518092

**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 1 OF 1

17  
20a     18  
20b     19a  
20c     19b  
21

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NAME OF COMMITTEE (In Full)

**SCHROEDER FOR CONGRESS COMMITTEE, INC.**

Full Name (Last, First, Middle Initial)

**A. Friends of Sherrod Brown**

Mailing Address  
2280 Kresge Dr.

City Amherst, OH 44001 State Zip Code

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
Sherrod Brown

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

State: OH District: EYTD: 500.00

Date of Disbursement

**06 / 14 / 2006**

Amount of Each Disbursement this Period

**500.00**

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

**B. Friends of Jim Clyburn**

Mailing Address  
P. O. Box 12567

City Columbia, SC 29211 State Zip Code

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
James E. Clyburn

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

State: SC District: 06 EYTD: 1000.00

Date of Disbursement

**06 / 05 / 2006**

Amount of Each Disbursement this Period

**1000.00**

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

**C. PAC to the Future**

Mailing Address  
PMB 3230

City San Francisco, CA 94104 State Zip Code

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

**05 / 01 / 2006**

Amount of Each Disbursement this Period

**2000.00**

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

**3500.00**

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*MW* *7/24*  
**PREPARER** **DATE PREPARED**

26039151597