

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

[Empty box]

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

CITY

STATE

ZIP CODE

STATE DISTRICT

C00367367

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NV

03

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

08

12

2008

in the State of

NV

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

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

Election on

[Empty box]

[Empty box]

[Empty box]

in the State of

[Empty box]

5. Covering Period

07

01

2008

through

07

23

2008

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

09

17

2008

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Porter for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
2	3

Y	Y	Y	Y
2	0	0	8

	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)).....	55380.00	2096679.86
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	3200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	55380.00	2093479.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	91912.18	889313.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2615.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	91912.18	886698.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1240648.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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	8

 To:

M	M
0	7

D	D
2	3

Y	Y	Y	Y
2	0	0	8

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).....

20800.00

1039810.19

(ii) Unitemized.....

1580.00

31632.45

(iii) TOTAL of contributions

22380.00

1071442.64

from individuals..... ▶

0.00

371.00

(b) Political Party Committees.....

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

33000.00

1024866.22

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

55380.00

2096679.86

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

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

2615.67

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

0.00

22638.99

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

55380.00

2125522.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	91912.18	889313.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	154731.11
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	3200.00
(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	3200.00
21. OTHER DISBURSEMENTS.....	0.00	5495.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	91912.18	1052740.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1277180.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	55380.00
25. SUBTOTAL (add Line 23 and Line 24).....	1332560.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91912.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1240648.70

**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 5 / 57
	<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) US Chamber PAC		Date of Receipt
	Mailing Address 1615 H Street NW		<input type="checkbox"/> 07 / <input type="checkbox"/> 23 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Washington	DC	20062
	FEC ID number of contributing federal political committee. C		Transaction ID: 80725.C18647
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Wholesaler-Distributor PAC		Date of Receipt
	Mailing Address 1725 K Street NW		<input type="checkbox"/> 07 / <input type="checkbox"/> 23 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee. C		Transaction ID: 80725.C18636
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	1000.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Southwest Gas PAC		Date of Receipt
	Mailing Address PO Box 98510		<input type="checkbox"/> 07 / <input type="checkbox"/> 10 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Las Vegas	NV	89193
	FEC ID number of contributing federal political committee. C		Transaction ID: 80714.C18589
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	-2500.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			
			Redesignation FROM Memo
			<input type="checkbox"/> 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 57
(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)
Southwest Gas PAC

Mailing Address PO Box 98510

City State Zip Code
Las Vegas NV 89193

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
MM / DD / YYYY
07 / 10 / 2008

Transaction ID: 80714.C18590

Amount of Each Receipt this Period
2500.00

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)
Credit Union Leg Action Council PAC

Mailing Address 601 Pennsylvania Avenue NW Suite 6

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
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 80725.C18649

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)
Harrahs Entertainment Inc PAC

Mailing Address One Harrahs Court

City State Zip Code
Las Vegas NV 89119

FEC ID number of contributing federal political committee. **C** C00239947

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2008

Transaction ID: 80717.C18598

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 57

(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)
Union Pacific Corp Fund Effect Govt PAC

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Mailing Address 600 Thirteenth Street NW Suite 340

Transaction ID: 80717.C18605

City Washington State DC Zip Code 20005

Amount of Each Receipt this Period
2000.00

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

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

B. Full Name (Last, First, Middle Initial)
Union Pacific Corp Fund Effect Govt PAC

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Mailing Address 600 Thirteenth Street NW Suite 340

Transaction ID: 80717.C18604

City Washington State DC Zip Code 20005

Amount of Each Receipt this Period
1000.00

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

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

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

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Mailing Address 2875 Towerview Road Suite 1000

Transaction ID: 80725.C18634

City Herndon State VA Zip Code 20171

Amount of Each Receipt this Period
2000.00

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

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 57
	<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) HSBC North America PAC	Date of Receipt MM / DD / YYYY 07 / 17 / 2008
	Mailing Address 2700 Sanders Road	Transaction ID: 80717.C18602
	City Prospect Heights State IL Zip Code 60070	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00033423	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 8000.00	

B.	Full Name (Last, First, Middle Initial) Federation of American Hospitals PAC	Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 801 Pennsylvania Avenue NW Suite 2	Transaction ID: 80725.C18633
	City Washington State DC Zip Code 20004	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	

C.	Full Name (Last, First, Middle Initial) National Assoc. of Mutual Ins. Co. PAC	Date of Receipt MM / DD / YYYY 07 / 23 / 2008
	Mailing Address 122 C Street NW Suite 540	Transaction ID: 80723.C18628
	City Washington State DC Zip Code 20001	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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 57
(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)
Bill PAC

Mailing Address 228 W. Washington Street
Suite 115

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 ▼
5000.00

Date of Receipt

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

Transaction ID: 80725.C18654

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
American Express PAC

Mailing Address 801 Pennsylvania Avenue NW Suite

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
0	7	/	2	3	/	2	0	0	8

Transaction ID: 80729.C18687

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)
DaVita Inc. PAC

Mailing Address 1155 15th Street NW Suite 1100

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 ▼
3000.00

Date of Receipt

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

Transaction ID: 80723.C18626

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) ► **8500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 57
(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)
Boeing PAC

Mailing Address 1200 Wilson Boulevard

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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2008

Transaction ID: 80723.C18627

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)
Polsinelli PAC

Mailing Address 1152 15th Street NW Suite 800

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00445981

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
07 / 17 / 2008

Transaction ID: 80717.C18603

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)
Sandler Travis & Rosenberg PAC

Mailing Address 1300 Pennsylvania Avenue NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00230177

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
07 / 23 / 2008

Transaction ID: 80725.C18646

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 57
(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)
American Apparel & Footwear Assoc.PAC
 Mailing Address 1601 N. Kent Street Suite 1200
 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 ▼
 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 2 3 / 2 0 0 8
Transaction ID: 80725.C18648
 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)
Geoff Davis 2002 Campaign Committee
 Mailing Address PO Box 17192
 City State Zip Code
 Ft Mitchell KY 41017
 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 7 / 2 3 / 2 0 0 8
Transaction ID: 80725.C18655
 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)
Reed Smith PAC
 Mailing Address 1301 K Street NW Suite 1100
 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
 0 7 / 2 3 / 2 0 0 8
Transaction ID: 80725.C18656
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 57
(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)
Cardiology Advocacy Alliance PAC

Mailing Address 11065 Home Shore Drive

City Pinckney State MI Zip Code 48169

FEC ID number of contributing federal political committee. **C** C00421040

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 7 / 2 3 / 2 0 0 8

Transaction ID: 80725.C18657

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)	▶	33000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 57
(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 Tobin

Mailing Address 7043 New Moon Way

City State Zip Code
Las Vegas NV 89110

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) ▼

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 80725.C18681

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)
Don Address

Mailing Address 2300 W. Sahara Avenue Suite 670

City State Zip Code
Las Vegas NV 89109

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

Name of Employer Address Tractor Service LLC Occupation Owner

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

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 80725.C18639

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)
Don Address

Mailing Address 2300 W. Sahara Avenue Suite 670

City State Zip Code
Las Vegas NV 89109

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

Name of Employer Address Tractor Service LLC Occupation Owner

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

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 80725.C18660

Amount of Each Receipt this Period
-1200.00

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) ► **2800.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 57
(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)
Don Address
Mailing Address 2300 W. Sahara Avenue Suite 670

City State Zip Code
Las Vegas NV 89109

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

Name of Employer Address Tractor Service LLC
Occupation Owner
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
07 / 23 / 2008

Transaction ID: 80725.C18661

Amount of Each Receipt this Period
1200.00

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)
Rod Fair
Mailing Address PO Box 62410

City State Zip Code
Boulder City NV 89006

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

Name of Employer Lake Mead Cruises
Occupation President
Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2008

Transaction ID: 80725.C18643

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Robert Merrell
Mailing Address 379 Avenue I

City State Zip Code
Boulder City NV 89005

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

Name of Employer Self employed
Occupation Physician
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
07 / 17 / 2008

Transaction ID: 80717.C18610

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) ► **600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 57
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial) Joseph Moriarty		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 4388 E. Hacienda Avenue		Transaction ID: 80725.C18673
City Las Vegas	State NV	Zip Code 89120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

B.

Full Name (Last, First, Middle Initial) Joseph Moriarty		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 4388 E. Hacienda Avenue		Transaction ID: 80725.C18642
City Las Vegas	State NV	Zip Code 89120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Wendell Whitman		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 604 Valencia Drive		Transaction ID: 80725.C18632
City Boulder City	State NV	Zip Code 89005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Edward Jones Investments	Occupation Investment Representative	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 57
(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)
Madeleine Address
Mailing Address 2300 W Sahara Ave #670 Box 25

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Address Tractor Service LLC
Occupation Business owner

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
 0 7 / 2 3 / 2 0 0 8

Transaction ID: 80725.C18638

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)
Madeleine Address
Mailing Address 2300 W Sahara Ave #670 Box 25

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Address Tractor Service LLC
Occupation Business owner

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
 0 7 / 2 3 / 2 0 0 8

Transaction ID: 80725.C18659

Amount of Each Receipt this Period
-200.00

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)
Madeleine Address
Mailing Address 2300 W Sahara Ave #670 Box 25

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Address Tractor Service LLC
Occupation Business owner

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
 0 7 / 2 3 / 2 0 0 8

Transaction ID: 80725.C18658

Amount of Each Receipt this Period
200.00

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) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 57
(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)
Red Rock Partners LLC

Mailing Address 3800 Howard Hughes Pkw 7th Floor

City Las Vegas State NV Zip Code 89109

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

Name of Employer Red Rock Partners LLC Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 23 / 2008
Transaction ID: 80725.C18644
 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)
Mike Jabara

Mailing Address 3800 Howard Hughes Pkwy 7th Floor

City Las Vegas State NV Zip Code 89109

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

Name of Employer Red Rock Partners LLC Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 23 / 2008
Transaction ID: 80725.C18662
 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->Red Rock Partners LLC

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

Mailing Address 420 N. Magic Way

City Henderson State NV Zip Code 89015

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

Name of Employer Harrahs Entertainment Occupation Divisional President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 07 / 17 / 2008
Transaction ID: 80717.C18608
 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) ▶ **3300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 57
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial)
Gary Selesner

Mailing Address 9008 Grove Crest Ln

City State Zip Code
Las Vegas NV 89134-0521

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

Name of Employer Occupation
Harras Entertainment President/Caesars Palace

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 10 / 2008

Transaction ID: 80717.C18599

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 Beck

Mailing Address 211 Granite Court

City State Zip Code
Boulder City NV 89005-1215

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

Name of Employer Occupation
Desert Trading Co., Inc. CEO & President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 17 / 2008

Transaction ID: 80717.C18617

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)
Nancy Flanigan

Mailing Address 2750 Holcomb Ranch Lane

City State Zip Code
Reno NV 89511

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 ▼

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 80725.C18640

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 57
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial) Samuel VanVoorhis		Date of Receipt MM / DD / YYYY 07 / 17 / 2008
Mailing Address 13 Maria Place		Transaction ID: 80717.C18614
City State Zip Code Ponte Vedra Beach FL 32082	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 Majority Communications	Occupation Owner	
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) Joseph Finnegan		Date of Receipt MM / DD / YYYY 07 / 10 / 2008
Mailing Address 2001 Dipinto Avenue		Transaction ID: 80717.C18600
City State Zip Code Henderson NV 89052	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 Retired	Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) Robert Smiley		Date of Receipt MM / DD / YYYY 07 / 17 / 2008
Mailing Address PO Box 542		Transaction ID: 80717.C18621
City State Zip Code Logandale NV 89021	Amount of Each Receipt this Period 600.00	
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 The Benefit Capital Co.	Occupation Chairman of the Board	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	3600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 57
(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)
Debra Guedry
Mailing Address 8112 Moonstone Circle
City Las Vegas State NV Zip Code 89128
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 07 / 17 / 2008
Transaction ID: 80717.C18607
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)
Hope Ippoliti
Mailing Address 9975 Peace Way
City Las Vegas State NV Zip Code 89147
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 07 / 17 / 2008
Transaction ID: 80717.C18611
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)
Janis Jones
Mailing Address 2395 Grasseys Springs
City Las Vegas State NV Zip Code 89135
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 07 / 23 / 2008
Transaction ID: 80725.C18645
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 57
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial)
Karen Smith

Mailing Address 155 Barrett Place

City State Zip Code
Alexandria VA 22304

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

Name of Employer Occupation
FAH VP Legislation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 80725.C18650

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)
Gregory Crist

Mailing Address 5103 Gardener Drive

City State Zip Code
Alexandria VA 22304

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

Name of Employer Occupation
Dutko Worldwide Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 80725.C18651

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)
Bill Lowery

Mailing Address 812 E. Capitol Stree NE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Self employed Lobbyist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: 80725.C18652

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 57
(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)
Katharine Issa

Mailing Address PO Box 1388

City Vista State CA Zip Code 92085

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 07 / 23 / 2008
Transaction ID: 80725.C18653
 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)
John Longnecker

Mailing Address 5052 Penier Street

City Las Vegas State NV Zip Code 89135

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

Name of Employer Longnecker & Assoc. Inc. Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2008
Transaction ID: 80725.C18671
 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) ► 20800.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

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

Transaction ID: 80710.E5847
Date of Disbursement

Mailing Address PO Box 0001

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

City Los Angeles State CA Zip Code 90096-

Amount of Each Disbursement this Period

46.87

Purpose of Disbursement
See Below/Office supplies
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SEE BELOW/OFFICE SUPPLIES

B.

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

Transaction ID: 80710.E5848
Date of Disbursement

Mailing Address 3366 E Willow Str

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

City Long Beach State CA Zip Code 90806-

Amount of Each Disbursement this Period

46.87

Purpose of Disbursement
Office supplies
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
NRCC

Transaction ID: 80627.E5829
Date of Disbursement

Mailing Address 320 First Str SE

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

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

519.00

Purpose of Disbursement
Travel
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

TRAVEL

SUBTOTAL of Disbursements This Page (optional)

565.87

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial)
IN Compliance Inc.

Transaction ID: 80708.E5840
Date of Disbursement

Mailing Address PO Box 751271

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

City State Zip Code
Las Vegas NV 89136-

Amount of Each Disbursement this Period

42.20

Purpose of Disbursement

Postage

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

POSTAGE

State: District:

B.

Full Name (Last, First, Middle Initial)
Spalding Group Inc

Transaction ID: 80725.E5869
Date of Disbursement

Mailing Address 2306 Frankfort Avenue

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

City State Zip Code
Louisville KY 40206-

Amount of Each Disbursement this Period

105.60

Purpose of Disbursement

Merchant fees

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

MERCHANT FEES

State: District:

C.

Full Name (Last, First, Middle Initial)
Meridian Central LLC

Transaction ID: 80619.E5761
Date of Disbursement

Mailing Address 2937 S. 120th Street

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

City State Zip Code
Omaha NE 68144-

Amount of Each Disbursement this Period

8520.67

Purpose of Disbursement

Design & Printing

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

DESIGN & PRINTING

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

8668.47

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 25 / 57

<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.

Full Name (Last, First, Middle Initial)
Tele Town Hall

Mailing Address 5101 MacArthur Boulevard #200

City Washington State DC Zip Code 20016-

Purpose of Disbursement
Telephone Services

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80708.E5841
Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

8815.34

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

TELEPHONE SERVICES

B.

Full Name (Last, First, Middle Initial)
QTS Payroll Services

Mailing Address 8170 W. Sahara Avenue

City Las Vegas State NV Zip Code 89117-

Purpose of Disbursement
Payroll services

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80626.E5820
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

30.15

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

PAYROLL SERVICES

C.

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

Mailing Address PO Box 0001

City Los Angeles State CA Zip Code 90096-

Purpose of Disbursement
See Below/Travel & Exps

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80626.E5771
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

10736.03

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

SEE BELOW/TRAVEL & EXPS

SUBTOTAL of Disbursements This Page (optional) ▶

19581.52

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.

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

Mailing Address 901 New York Avenue NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Meals/Catering
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80626.E5795
Date of Disbursement

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

Amount of Each Disbursement this Period

501.15

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

[MEMO ITEM]
MEMO: MEALS/CATERING

B.

Full Name (Last, First, Middle Initial)
AT&T Wirless-Cingular Wireless

Mailing Address PO Box 60017

City Los Angeles State CA Zip Code 90060-

Purpose of Disbursement
Telephone
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80626.E5775
Date of Disbursement

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

Amount of Each Disbursement this Period

377.11

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

[MEMO ITEM]
MEMO: TELEPHONE

C.

Full Name (Last, First, Middle Initial)
Best Buy

Mailing Address 2050 N Rainbow Blvd

City Las Vegas State NV Zip Code 89108-

Purpose of Disbursement
Office supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80626.E5780
Date of Disbursement

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

Amount of Each Disbursement this Period

109.18

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial)
Capitol City Brewing Restaurant

Mailing Address 1612 U Str

City Washington State DC Zip Code 20009-

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80626.E5792

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

184.46

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

[MEMO ITEM]
MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 First Street SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80626.E5793

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

354.81

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

[MEMO ITEM]
MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
Capitol Lounge

Mailing Address 229 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80708.E5844

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

415.71

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

[MEMO ITEM]
MEMO: 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)

<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.

Full Name (Last, First, Middle Initial)
Charlie Palmer Steakhouse

Mailing Address 11 Constitution Ave NE

City Washington State DC Zip Code 20002-5618

Purpose of Disbursement

Meals

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80626.E5791

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

407.03

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

[MEMO ITEM]
MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)
Costco

Mailing Address 1080 Sunset Rd

City Henderson State NV Zip Code 89014-

Purpose of Disbursement

Office supplies

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80626.E5781

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

69.43

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

C.

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

Mailing Address 520 Capitol Street NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement

Meals

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80626.E5794

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

312.29

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

[MEMO ITEM]
MEMO: 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)

<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.

Full Name (Last, First, Middle Initial)
Four Seasons Hotel

Mailing Address 3960 Las Vegas Blvd S

City Las Vegas State NV Zip Code 89119-

Purpose of Disbursement
Catering/Meals
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80626.E5776
Date of Disbursement

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

Amount of Each Disbursement this Period

456.60

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

[MEMO ITEM]

MEMO: CATERING/MEALS

B.

Full Name (Last, First, Middle Initial)
Haute on the Hill

Mailing Address 339 B Rayburn House

City Washington State DC Zip Code 20515-

Purpose of Disbursement
Catering
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80626.E5796
Date of Disbursement

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

Amount of Each Disbursement this Period

1724.07

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

[MEMO ITEM]

MEMO: CATERING

C.

Full Name (Last, First, Middle Initial)
Jasons Deli

Mailing Address 3910 S Maryland Pkwy

City Las Vegas State NV Zip Code 89119-

Purpose of Disbursement
Catering
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80626.E5797
Date of Disbursement

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

Amount of Each Disbursement this Period

188.53

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

[MEMO ITEM]

MEMO: CATERING

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial)
KMart

Mailing Address 3760 E. Sunset Road

City Las Vegas State NV Zip Code 89119-

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80626.E5803
Date of Disbursement

MM / DD / YYYY
07 / 01 / 2008

Amount of Each Disbursement this Period

705.59

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
Locanda

Mailing Address 2436 18th Street NW

City Washington State DC Zip Code 20009-

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80626.E5789
Date of Disbursement

MM / DD / YYYY
07 / 01 / 2008

Amount of Each Disbursement this Period

176.50

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

[MEMO ITEM]

MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
Morels French Steakouse

Mailing Address 3325 Las Vegas Boulevard S.

City Las Vegas State NV Zip Code 89109-

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80626.E5787
Date of Disbursement

MM / DD / YYYY
07 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

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

[MEMO ITEM]

MEMO: CATERING

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.	Full Name (Last, First, Middle Initial) Oceanaire <hr/> Mailing Address 1201 F Street NW <hr/> City Washington State DC Zip Code 20004- <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80626.E5788 Date of Disbursement 07 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 180.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
B.	Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address 3366 E Willow Str <hr/> City Long Beach State CA Zip Code 90806- <hr/> Purpose of Disbursement Office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80626.E5782 Date of Disbursement 07 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 489.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Panevino Ristorante <hr/> Mailing Address 2469 Via Antonio Avenue <hr/> City Las Vegas State NV Zip Code 89119- <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80626.E5798 Date of Disbursement 07 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 110.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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.	Full Name (Last, First, Middle Initial) Ritz Camera	Transaction ID: 80626.E5802
	Mailing Address 675 Mall Ring Circle	Date of Disbursement MM / DD / YYYY 07 / 01 / 2008
	City Henderson State NV Zip Code 89014-	Amount of Each Disbursement this Period 244.43
	Purpose of Disbursement Office supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼

B.	Full Name (Last, First, Middle Initial) Sammys Woodfired Pizza	Transaction ID: 80626.E5801
	Mailing Address 4300 E Sunset Road	Date of Disbursement MM / DD / YYYY 07 / 01 / 2008
	City Henderson State NV Zip Code 89014-	Amount of Each Disbursement this Period 66.84
	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 80626.E5784
	Mailing Address PO Box 36649	Date of Disbursement MM / DD / YYYY 07 / 01 / 2008
	City Dallas State TX Zip Code 75235-	Amount of Each Disbursement this Period 471.00
	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼

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. Full Name (Last, First, Middle Initial) Tabaq Bistro</p> <p>Mailing Address 1336 U Street NW</p> <p>City Washington State DC Zip Code 20009-</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80626.E5790</p> <p>Date of Disbursement 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 249.00</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>B. Full Name (Last, First, Middle Initial) Terrible Herbst Gas</p> <p>Mailing Address 4100 Paradise Road</p> <p>City Las Vegas State NV Zip Code 89109-</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>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80626.E5777</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 112.53</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>C. Full Name (Last, First, Middle Initial) Trader Joes Stores</p> <p>Mailing Address 2716 N. Green Valley Parkway</p> <p>City Henderson State NV Zip Code 89014-</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80626.E5804</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 120.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 80626.E5773
	Mailing Address 2345 Crystal Dr	Date of Disbursement 07 / 01 / 2008
	City Arlington State VA Zip Code 22227-	Amount of Each Disbursement this Period 783.25
	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> 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

B.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: 80626.E5783
	Mailing Address 1001 E Sunset Road	Date of Disbursement 07 / 01 / 2008
	City Las Vegas State NV Zip Code 89119-	Amount of Each Disbursement this Period 252.00
	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> 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: POSTAGE

C.	Full Name (Last, First, Middle Initial) Jaclyn Kaiser	Transaction ID: 80717.E5859
	Mailing Address 8985 S. Durango Drive #1006	Date of Disbursement 07 / 15 / 2008
	City Las Vegas State NV Zip Code 89113-	Amount of Each Disbursement this Period 1650.00
	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> 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

SUBTOTAL of Disbursements This Page (optional)	▶	1650.00
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.

Full Name (Last, First, Middle Initial)
Cox Communications

Transaction ID: 80626.E5809
Date of Disbursement

Mailing Address PO Box 6059

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

City Cypress State CA Zip Code 90630-

Amount of Each Disbursement this Period

493.34

Purpose of Disbursement
Internet services
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

INTERNET SERVICES

B.

Full Name (Last, First, Middle Initial)
Sansone Pecos I215 LLC

Transaction ID: 80626.E5810
Date of Disbursement

Mailing Address 2301 E. Sunset Road #8015

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

City Las Vegas State NV Zip Code 89119-

Amount of Each Disbursement this Period

1215.26

Purpose of Disbursement
Rent
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

RENT

C.

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

Transaction ID: 80717.E5856
Date of Disbursement

Mailing Address Longworth Bldg B-217

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	0	8

City Washington State DC Zip Code 20515-

Amount of Each Disbursement this Period

105.00

Purpose of Disbursement
Office supplies
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

1813.60

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

<p>A. Full Name (Last, First, Middle Initial) Weeks & Co LLP</p> <p>Mailing Address 823 Congress Ave #1330</p> <p>City Austin State TX Zip Code 78701-</p> <p>Purpose of Disbursement Consulting Fundraising</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: 80708.E5839</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1712.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CONSULTING FUNDRAISING</p>
<p>B. Full Name (Last, First, Middle Initial) Vonage</p> <p>Mailing Address 2147 Route 27</p> <p>City Edison State NJ Zip Code 08817-</p> <p>Purpose of Disbursement Telephone</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: 80708.E5838</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 30.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
<p>C. Full Name (Last, First, Middle Initial) Jake McCrea</p> <p>Mailing Address 2816 La Casita Avenue</p> <p>City Las Vegas State NV Zip Code 89120-</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80626.E5822</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1992.70

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.	Full Name (Last, First, Middle Initial) Matt Leffingwell	Transaction ID: 80626.E5811 Date of Disbursement 07 / 01 / 2008
	Mailing Address 207 Prince Street	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314- Purpose of Disbursement Consulting Public Relations Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTING PUBLIC RELATIONS

B.	Full Name (Last, First, Middle Initial) IN Compliance Inc.	Transaction ID: 80626.E5825 Date of Disbursement 07 / 01 / 2008
	Mailing Address PO Box 751271	Amount of Each Disbursement this Period 15.30
	City Las Vegas State NV Zip Code 89136- Purpose of Disbursement Printing Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING

C.	Full Name (Last, First, Middle Initial) Weeks & Co LLP	Transaction ID: 80626.E5815 Date of Disbursement 07 / 01 / 2008
	Mailing Address 823 Congress Ave #1330	Amount of Each Disbursement this Period 6000.00
	City Austin State TX Zip Code 78701- Purpose of Disbursement Consulting Fundraising Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTING FUNDRAISING

SUBTOTAL of Disbursements This Page (optional)	7015.30
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)

<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.

Full Name (Last, First, Middle Initial)
Jake McCrea

Mailing Address 2816 La Casita Avenue

City Las Vegas State NV Zip Code 89120-

Purpose of Disbursement
See Below/Office supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80717.E5865
Date of Disbursement

MM / DD / YYYY
07 / 16 / 2008

Amount of Each Disbursement this Period

101.75

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

SEE BELOW/OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
Best Buy

Mailing Address 2050 N Rainbow Blvd

City Las Vegas State NV Zip Code 89108-

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80717.E5866
Date of Disbursement

MM / DD / YYYY
07 / 16 / 2008

Amount of Each Disbursement this Period

59.22

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Smiths Food Store

Mailing Address 1000 N Green Valley Parkway

City Henderson State NV Zip Code 89074-

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80717.E5867
Date of Disbursement

MM / DD / YYYY
07 / 16 / 2008

Amount of Each Disbursement this Period

37.09

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

101.75

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)

<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.

Full Name (Last, First, Middle Initial)
James M. McCullough

Transaction ID: 80717.E5858
Date of Disbursement

Mailing Address 5450 S. Fort Apache Road #286

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

City Las Vegas State NV Zip Code 89148-

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Salary

Category/Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SALARY

State: District:

B.

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

Transaction ID: 80710.E5849
Date of Disbursement

Mailing Address PO Box 17120

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

City Tucson State AZ Zip Code 85731-

Amount of Each Disbursement this Period

138.64

Purpose of Disbursement
Telephone

Category/Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TELEPHONE

State: District:

C.

Full Name (Last, First, Middle Initial)
Jaclyn Kaiser

Transaction ID: 80717.E5854
Date of Disbursement

Mailing Address 8985 S. Durango Drive #1006

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	0	8

City Las Vegas State NV Zip Code 89113-

Amount of Each Disbursement this Period

135.75

Purpose of Disbursement
See Below/Telephone

Category/Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SEE BELOW/TELEPHONE

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

3274.39

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.	Full Name (Last, First, Middle Initial) TMobile <hr/> Mailing Address PO Box 742596 <hr/> City Cincinnati State OH Zip Code 45274- <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80717.E5855 Date of Disbursement 07 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 135.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TELEPHONE
B.	Full Name (Last, First, Middle Initial) IRS <hr/> Mailing Address <hr/> City Ogden State UT Zip Code 84201- <hr/> Purpose of Disbursement Payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80717.E5862 Date of Disbursement 07 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 462.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES
C.	Full Name (Last, First, Middle Initial) IN Compliance Inc. <hr/> Mailing Address PO Box 751271 <hr/> City Las Vegas State NV Zip Code 89136- <hr/> Purpose of Disbursement Software & Support Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80626.E5813 Date of Disbursement 07 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SOFTWARE & SUPPORT

SUBTOTAL of Disbursements This Page (optional) ▶	1712.49
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.	Full Name (Last, First, Middle Initial) Jake McCrea	Transaction ID: 80717.E5864 Date of Disbursement 07 / 16 / 2008
	Mailing Address 2816 La Casita Avenue	Amount of Each Disbursement this Period 100.00
	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 Mileage reimbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MILEAGE REIMBURSEMENT

B.	Full Name (Last, First, Middle Initial) Jake McCrea	Transaction ID: 80708.E5842 Date of Disbursement 07 / 07 / 2008
	Mailing Address 2816 La Casita Avenue	Amount of Each Disbursement this Period 67.88
	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 Meals	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MEALS

C.	Full Name (Last, First, Middle Initial) Jake McCrea	Transaction ID: 80717.E5860 Date of Disbursement 07 / 15 / 2008
	Mailing Address 2816 La Casita Avenue	Amount of Each Disbursement this Period 500.00
	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 Salary	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

SUBTOTAL of Disbursements This Page (optional)	▶	667.88
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.

Full Name (Last, First, Middle Initial)
Sansone Pecos I215 LLC

Mailing Address 2301 E. Sunset Road #8015

City Las Vegas State NV Zip Code 89119-

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80626.E5806
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

2918.22

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

RENT

B.

Full Name (Last, First, Middle Initial)
Jake McCrea

Mailing Address 2816 La Casita Avenue

City Las Vegas State NV Zip Code 89120-

Purpose of Disbursement
Mileage reimbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80708.E5843
Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

47.04

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

MILEAGE REIMBURSEMENT

C.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address

City Ogden State UT Zip Code 84201-

Purpose of Disbursement
Payroll taxes

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80626.E5821
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

437.05

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

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶

3402.31

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.

Full Name (Last, First, Middle Initial)
November Inc

Transaction ID: 80627.E5835
Date of Disbursement

Mailing Address PO Box 27972

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

City Las Vegas State NV Zip Code 89126-

Amount of Each Disbursement this Period

7500.00

Purpose of Disbursement
Research Services

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

RESEARCH SERVICES

State: District:

B.

Full Name (Last, First, Middle Initial)
James M. McCullough

Transaction ID: 80626.E5818
Date of Disbursement

Mailing Address 5450 S. Fort Apache Road #286

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

City Las Vegas State NV Zip Code 89148-

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Salary

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SALARY

State: District:

C.

Full Name (Last, First, Middle Initial)
Jaclyn Kaiser

Transaction ID: 80626.E5819
Date of Disbursement

Mailing Address 8985 S. Durango Drive #1006

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

City Las Vegas State NV Zip Code 89113-

Amount of Each Disbursement this Period

1650.00

Purpose of Disbursement
Salary

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SALARY

State: District:

SUBTOTAL of Disbursements This Page (optional)

12150.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 44 / 57

<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.	Full Name (Last, First, Middle Initial) Dr. Death Pest Control <hr/> Mailing Address 631 N. Stephanie Street #211 <hr/> City Henderson State NV Zip Code 89014- <hr/> Purpose of Disbursement Pest Control Svcs Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80627.E5836 Date of Disbursement 07 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PEST CONTROL SVCS
B.	Full Name (Last, First, Middle Initial) AT&T Wirless-Cingular Wireless <hr/> Mailing Address PO Box 60017 <hr/> City Los Angeles State CA Zip Code 90060- <hr/> Purpose of Disbursement Telephone Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80710.E5850 Date of Disbursement 07 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 90.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
C.	Full Name (Last, First, Middle Initial) QTS Payroll Services <hr/> Mailing Address 8170 W. Sahara Avenue <hr/> City Las Vegas State NV Zip Code 89117- <hr/> Purpose of Disbursement Payroll services Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80717.E5861 Date of Disbursement 07 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 30.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

146.13

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)

<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. Full Name (Last, First, Middle Initial) IN Compliance Inc. <hr/> Mailing Address PO Box 751271 <hr/> City Las Vegas State NV Zip Code 89136- <hr/> Purpose of Disbursement Consulting Treasury Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80626.E5823 Date of Disbursement 07 / 01 / 2008
	Amount of Each Disbursement this Period 4145.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING TREASURY

B. Full Name (Last, First, Middle Initial) Durango Mini Storage <hr/> Mailing Address 920 S Durango <hr/> City Las Vegas State NV Zip Code 89145- <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80626.E5812 Date of Disbursement 07 / 01 / 2008
	Amount of Each Disbursement this Period 147.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT

C. Full Name (Last, First, Middle Initial) IN Compliance Inc. <hr/> Mailing Address PO Box 751271 <hr/> City Las Vegas State NV Zip Code 89136- <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80626.E5824 Date of Disbursement 07 / 01 / 2008
	Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶	4302.00
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. Full Name (Last, First, Middle Initial) DMM Media Mailing Address 3299 K Street NW Suite 200 City Washington State DC Zip Code 20007- Purpose of Disbursement Consulting Management 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: 80626.E5814 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	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 MANAGEMENT

B. Full Name (Last, First, Middle Initial) AT&T Teleconference Mailing Address PO Box 2840 City Omaha State NE Zip Code 68103- Purpose of Disbursement Teleconference 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: 80626.E5808 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 46.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELECONFERENCE

C. Full Name (Last, First, Middle Initial) Townsend Group 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: 80627.E5827 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	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

SUBTOTAL of Disbursements This Page (optional) ▶	8046.90
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.

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

Transaction ID: 80710.E5851
Date of Disbursement

Mailing Address PO Box 0001

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

City Los Angeles State CA Zip Code 90096-

Amount of Each Disbursement this Period

14637.29

Purpose of Disbursement
See Below/Travel & Exps

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SEE BELOW/TRAVEL & EXPS

State: District:

B.

Full Name (Last, First, Middle Initial)
AT&T Wirless-Cingular Wireless

Transaction ID: 80729.E5887
Date of Disbursement

Mailing Address PO Box 60017

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

City Los Angeles State CA Zip Code 90060-

Amount of Each Disbursement this Period

161.61

Purpose of Disbursement
Telephone

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: TELEPHONE

State: District:

C.

Full Name (Last, First, Middle Initial)
Belga Cafe

Transaction ID: 80729.E5878
Date of Disbursement

Mailing Address 514 8th Street SE

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

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

532.87

Purpose of Disbursement
Meals/Catering

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: MEALS/CATERING

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

14637.29

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Porter for Congress

A.	Full Name (Last, First, Middle Initial) Capital Grille <hr/> Mailing Address 3200 Las Vegas Blvd S <hr/> City Las Vegas State NV Zip Code 89109- <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80729.E5897 Date of Disbursement 07 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 298.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
B.	Full Name (Last, First, Middle Initial) Capitol Catering Company <hr/> Mailing Address 2316 Jefferson Davis Hwy <hr/> City Alexandria State VA Zip Code 22301- <hr/> Purpose of Disbursement Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80729.E5891 Date of Disbursement 07 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 1401.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING
C.	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80729.E5895 Date of Disbursement 07 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 413.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: 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)

<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.	Full Name (Last, First, Middle Initial) Capitol Lounge	Transaction ID: 80729.E5880 Date of Disbursement 07 / 10 / 2008
	Mailing Address 229 Pennsylvania Ave SE	Amount of Each Disbursement this Period 118.55
	City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 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) ▼	

B.	Full Name (Last, First, Middle Initial) Charlie Palmer Steakhouse	Transaction ID: 80729.E5894 Date of Disbursement 07 / 10 / 2008
	Mailing Address 11 Constitution Ave NE	Amount of Each Disbursement this Period 394.45
	City Washington State DC Zip Code 20002-5618	<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) ▼	

C.	Full Name (Last, First, Middle Initial) Chevron	Transaction ID: 80729.E5899 Date of Disbursement 07 / 10 / 2008
	Mailing Address 4150 Boulder Hwy	Amount of Each Disbursement this Period 22.22
	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) ▼	

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.

Full Name (Last, First, Middle Initial)
Express Lane Mart

Mailing Address 1300 Sunset Rd

City Henderson State NV Zip Code 89014-

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80729.E5886

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

710.00

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

[MEMO ITEM]
MEMO: TRAVEL

B.

Full Name (Last, First, Middle Initial)
Federal City Caterers

Mailing Address 1119 12th St NW

City Washington State DC Zip Code 20005-4632

Purpose of Disbursement
Catering

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80729.E5892

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

3415.10

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

[MEMO ITEM]
MEMO: CATERING

C.

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

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80729.E5888

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

53.00

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

[MEMO ITEM]
MEMO: SHIPPING

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.

Full Name (Last, First, Middle Initial)
Gaetanos Ristorante

Mailing Address 10271 S Eastern Avenue #1111

City Henderson State NV Zip Code 89052-

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80729.E5879
Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

240.00

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

[MEMO ITEM]
MEMO: MEALS

B.

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

Mailing Address 15 E NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80729.E5884
Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

1940.29

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

[MEMO ITEM]
MEMO: TRAVEL

C.

Full Name (Last, First, Middle Initial)
Kelly Paper

Mailing Address 3655 W Sunset Road

City Las Vegas State NV Zip Code 89118-

Purpose of Disbursement
Office supplies

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80729.E5889
Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

198.65

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

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.	Full Name (Last, First, Middle Initial) Morels French Steakouse <hr/> Mailing Address 3325 Las Vegas Boulevard S. <hr/> City Las Vegas State NV Zip Code 89109- <hr/> Purpose of Disbursement Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80729.E5881 Date of Disbursement 07 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 2292.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING
B.	Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address 3366 E Willow Str <hr/> City Long Beach State CA Zip Code 90806- <hr/> Purpose of Disbursement Office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80729.E5898 Date of Disbursement 07 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 162.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Old Ebbitt Grill <hr/> Mailing Address 675 15th Street NW <hr/> City Washington State DC Zip Code 20005- <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input 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: 80729.E5893 Date of Disbursement 07 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 96.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: 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)

<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.	Full Name (Last, First, Middle Initial) Roadrunner Restaurant	Transaction ID: 80729.E5885 Date of Disbursement 07 / 10 / 2008
	Mailing Address 921 Buffalo Dr	Amount of Each Disbursement this Period 67.27
	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 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) ▼	

B.	Full Name (Last, First, Middle Initial) Shell Gas	Transaction ID: 80729.E5883 Date of Disbursement 07 / 10 / 2008
	Mailing Address 3425 E Flamingo Road	Amount of Each Disbursement this Period 58.91
	City Las Vegas State NV Zip Code 89121-	<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) ▼	

C.	Full Name (Last, First, Middle Initial) Sonoma Restaurant	Transaction ID: 80729.E5896 Date of Disbursement 07 / 10 / 2008
	Mailing Address 223 W Pennsylvania Ave	Amount of Each Disbursement this Period 552.30
	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/Catering Candidate Name	[MEMO ITEM] MEMO: MEALS/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) ▼	

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.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 80729.E5902 Date of Disbursement 07 / 10 / 2008
	Mailing Address PO Box 36649	Amount of Each Disbursement this Period 288.50
	City Dallas State TX Zip Code 75235-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel	[MEMO ITEM] MEMO: TRAVEL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 80729.E5900 Date of Disbursement 07 / 10 / 2008
	Mailing Address 2345 Crystal Dr	Amount of Each Disbursement this Period 414.00
	City Arlington State VA Zip Code 22227-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel	[MEMO ITEM] MEMO: TRAVEL
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) US Postmaster	Transaction ID: 80729.E5901 Date of Disbursement 07 / 10 / 2008
	Mailing Address 1001 E Sunset Road	Amount of Each Disbursement this Period 420.00
	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	[MEMO ITEM] MEMO: POSTAGE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**SCHEDULE B (FEC Form 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. Full Name (Last, First, Middle Initial) Townsend Group Mailing Address 1006 Pendleton Street City Alexandria State VA Zip Code 22314- Purpose of Disbursement See Below/ Catering & 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: 80627.E5828 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 341.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW/ CATERING & EXPS

B. Full Name (Last, First, Middle Initial) Federal Express 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: 80627.E5830 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 72.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SHIPPING

C. Full Name (Last, First, Middle Initial) Johnnys Halfshell Restaurant Mailing Address 2002 P Street NW City Washington State DC Zip Code 20036- 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: 80627.E5832 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 184.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING

SUBTOTAL of Disbursements This Page (optional) ▶	341.25
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Line 1 Communications</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: 80627.E5834 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 56.54</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>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) XO Corporation</p> <p>Mailing Address 2240 Corporate Circle Dr</p> <p>City Henderson State NV Zip Code 89074-</p> <p>Purpose of Disbursement Telephone</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: 80627.E5831 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 5.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: TELEPHONE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Weeks & Co LLP</p> <p>Mailing Address 823 Congress Ave #1330</p> <p>City Austin State TX Zip Code 78701-</p> <p>Purpose of Disbursement Rent</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: 80626.E5816 Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RENT</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

91569.85

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 57 / 57	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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 Los Angeles	State CA	ZIP Code 90096-	

Outstanding Balance Beginning This Period		Transaction ID: LS80626.E5771	
10736.03			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	10736.03	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00