

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
Jeff Fortenberry for United States Congress

ADDRESS (number and street) 1610 N Street
 Check if different than previously reported. (ACC)
Lincoln NE 68508

2. **FEC IDENTIFICATION NUMBER** C00395467
CITY STATE ZIP CODE STATE DISTRICT
NE 1

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 11 07 2006 in the State of NE
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

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

Signature of Treasurer Electronically Filed by T. Edward Anfinson Date 10 26 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Jeff Fortenberry for United States Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	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)).....	41983.00	1141567.68
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	30518.17
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	41983.00	1111049.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	320154.95	947399.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4673.72
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	320154.95	942725.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	178842.01	
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 02/2003)

Write or Type Committee Name
 Jeff Fortenberry for United States Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

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).....

11585.00

512216.24

(ii) Unitemized.....

4398.00

42945.54

(iii) TOTAL of contributions

15983.00

555161.78

from individuals..... ▶

0.00

7508.50

(b) Political Party Committees.....

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

26000.00

578897.40

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

41983.00

1141567.68

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

4673.72

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

0.00

18159.42

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

41983.00

1164400.82

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	320154.95	947399.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	3000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	27518.17
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	30518.17
21. OTHER DISBURSEMENTS.....	0.00	19291.79
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	320154.95	997208.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	457013.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	41983.00
25. SUBTOTAL (add Line 23 and Line 24).....	498996.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	320154.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	178842.01

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 40
	<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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. 21st Century PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 2052 Lake Audubon Ct		Transaction ID: 61006.C5566	
City State Zip Code Reston VA 20191-4808	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00315747		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 10000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. AGC PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 2300 Wilson Blvd Ste 400		Transaction ID: 61014.C5707	
City State Zip Code Arlington VA 22201-5426	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. American Bakers Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address 1350 I St NW Ste 1290		Transaction ID: 61010.C5644	
City State Zip Code Washington DC 20005-3305	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 40
	<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)
Jeff Fortenberry for United States Congress

A. American Medical Association PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1101 Vermont Ave NW

City Washington State DC Zip Code 20005-3521

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10500.00

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

Transaction ID: 61020.C5714

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. Ameritas Financial Services PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 81889

City Lincoln State NE Zip Code 68501-1889

FEC ID number of contributing federal political committee. **C** C00187138

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61020.C5773

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. ARDA ROC-PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1201 15th St NW Ste 400

City Washington State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00129932

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: 61011.C5669

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 40
	<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)
Jeff Fortenberry for United States Congress

A. Full Name (Last, First, Middle Initial)
Ash Grove Cement PAC - CEMPAC

Mailing Address PO Box 25900

City Overland Park State KS Zip Code 66225-5900

FEC ID number of contributing federal political committee. **C** C00102517

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 61011.C5668

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Charles Boustany Jr. MD for Congress Inc

Mailing Address PO Box 53147

City Lafayette State LA Zip Code 70505-3147

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: 61014.C5709

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Chiropractors of Nebraska PAC

Mailing Address 414 S 11th St

City Lincoln State NE Zip Code 68508-2104

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: 61014.C5680

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) ▶ **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 40
	<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)
Jeff Fortenberry for United States Congress

A. Full Name (Last, First, Middle Initial)
ConAgra Foods Good Govt Association

Mailing Address 1 Conagra Dr

City State Zip Code
Omaha NE 68102-5003

FEC ID number of contributing federal political committee. **C** C00087874

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
10 / 16 / 2006

Transaction ID: 61020.C5723

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)
Kay Granger Campaign Fund

Mailing Address 715 Jones St Ste 101

City State Zip Code
Fort Worth TX 76102-5474

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2006

Transaction ID: 61006.C5564

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)
Kolbe for Congress

Mailing Address PO Box 31568

City State Zip Code
Tucson AZ 85751-1568

FEC ID number of contributing federal political committee. **C** C00144857

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2006

Transaction ID: 61006.C5565

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 40
	<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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Lewis for Congress		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address PO Box 247		Transaction ID: 61010.C5642	
City State Zip Code Redlands CA 92373-0081	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00090357		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) B. Lockheed Martin Employees PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 1550 Crystal Dr Ste 300		Transaction ID: 61014.C5700	
City State Zip Code Arlington VA 22202-4135	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00303024		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Treasurer Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. MidAmerican Energy Co. Exec. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address PO Box 657 666 Grand Ave # 6419		Transaction ID: 61020.C5735	
City State Zip Code Des Moines IA 50303-0657	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00081273		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6000.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 40
	<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)
Jeff Fortenberry for United States Congress

A. Full Name (Last, First, Middle Initial) Mutual of Omaha Companies PAC Mailing Address Mutual Of Omaha Plz NE City Omaha State NE Zip Code 68175-0002 FEC ID number of contributing federal political committee. C C00094581 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61010.C5641 Amount of Each Receipt this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	9	/	2	0	0	6	1500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	9	/	2	0	0	6														
1500.00																							

B. Full Name (Last, First, Middle Initial) NCFC CO-OP/PAC Mailing Address 50 F St NW Ste 900 City Washington State DC Zip Code 20001-1530 FEC ID number of contributing federal political committee. C Name of Employer Occupation Treasurer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61006.C5563 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	2	/	2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	0	2	/	2	0	0	6														
1000.00																							

C. Full Name (Last, First, Middle Initial) NFIB Safe Trust Mailing Address 1201 F St NW Ste 200 City Washington State DC Zip Code 20004-1221 FEC ID number of contributing federal political committee. C C00101105 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61020.C5732 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	6	/	2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	6	/	2	0	0	6														
1000.00																							

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	26000.00

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

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

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

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

Mailing Address 1201 Lincoln Mall Apt 304

City Lincoln State NE Zip Code 68508-2840

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

Name of Employer AndersonManagementService-sinc Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 61006.C5606

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Roderick Arndt

Mailing Address 1106 NW Gary St

City Lincoln State NE Zip Code 68521-4229

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

Name of Employer Boehringer-Ingelheim Occupation Pharmaceutical Rep

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

Transaction ID: 61020.C5728

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)
Mary Arth

Mailing Address 1301 Evergreen Dr

City Lincoln State NE Zip Code 68510-4138

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 61020.C5733

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) ► 1450.00

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

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

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

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

NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

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

Mailing Address 3010 S 74th St

City Lincoln State NE Zip Code 68506-3606

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

Name of Employer UNICO Occupation Insurance Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 61010.C5618

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
Patrick Clare

Mailing Address 3300 Durado Ct

City Lincoln State NE Zip Code 68520-1444

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

Name of Employer NE Ortho Sports Med Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 3 / 2 0 0 6

Transaction ID: 61014.C5692

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)
Charles Clifford

Mailing Address 1936 Teal Cir

City Lincoln State NE Zip Code 68506-6542

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

Name of Employer State Farm Insurance Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: 61006.C5587

Amount of Each Receipt this Period
 100.00

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

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

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

A. Full Name (Last, First, Middle Initial)
Kathleen Connolly

Mailing Address 717 S 130th St

City State Zip Code
Omaha NE 68154-2911

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 61006.C5580

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)
Peter Demarco

Mailing Address 12701 Fairview Rd

City State Zip Code
Springfield NE 68059-5298

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

Name of Employer Ear, Nose, and Throat Assoc Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

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

Transaction ID: 61006.C5608

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)
Jefferson Downing

Mailing Address 8621 Echo Ct

City State Zip Code
Lincoln NE 68520-1121

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

Name of Employer Keating Law Firm Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61011.C5670

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) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Tom Flamminio, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 2307 S 75th St		Transaction ID: 61020.C5746
City Lincoln	State NE	Zip Code 68506-3002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Dept. of Defense	Occupation Engineer	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. David Hallberg		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 13272 Seward St		Transaction ID: 61010.C5643
City Omaha	State NE	Zip Code 68154-3815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Prime Biosolutions, LLC	Occupation Executive (Ethanol)	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Marcia Hocker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 107 E Cottage Ave		Transaction ID: 61014.C5708
City Haddonfield	State NJ	Zip Code 08033-1822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Restaurateur	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Steven Hotovy		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address 6500 Carlsbad Dr		Transaction ID: 61010.C5620	
City Lincoln	State NE	Amount of Each Receipt this Period 50.00	
Zip Code 68510-5157		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer State of Nebraska	Occupation Task Force Administrator		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) B. Michael Koslosky		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address PO Box 181		Transaction ID: 61006.C5572	
City Nebraska City	State NE	Amount of Each Receipt this Period 250.00	
Zip Code 68410-0181		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Magnolia Metal Corporation	Occupation Executive Vice President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Max Linder		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address 2220 Woodsdale Blvd		Transaction ID: 61010.C5631	
City Lincoln	State NE	Amount of Each Receipt this Period 250.00	
Zip Code 68502-4948		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00		

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

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

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

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

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

Mailing Address 1232 Mulder Dr

City Lincoln State NE Zip Code 68510-5039

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

Name of Employer Butherees, Maser & Love Occupation Funeral Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 61010.C5627

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Martin Massengale

Mailing Address 3436 Cape Charles Rd W

City Lincoln State NE Zip Code 68516-5446

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

Name of Employer University of Nebraska Occupation Educational Administration

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 61006.C5588

Amount of Each Receipt this Period
50.00

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

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

Mailing Address PO Box 83089

City Lincoln State NE Zip Code 68501-3089

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

Name of Employer Self-Employed Occupation Food Services Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 61006.C5578

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) ► 1150.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

A. Full Name (Last, First, Middle Initial) Robert Milligan Mailing Address 2633 S 24th St City Lincoln State NE Zip Code 68502-4009 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61020.C5734 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	0	6														
1000.00																							
Name of Employer M.I. Industries Occupation Chairman & CEO Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																							

B. Full Name (Last, First, Middle Initial) M. Theresa Miner Mailing Address 86117 582 Ave City Wakefield State NE Zip Code 68784-6001 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61006.C5584 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	6	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	4		2	0	0	6														
250.00																							
Name of Employer Self-Employed Occupation Attorney Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																				
250.00																							

C. Full Name (Last, First, Middle Initial) Amalia Morehead Mailing Address 4 Zephyr Dr City Falls City State NE Zip Code 68355-1317 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61014.C5705 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	6														
500.00																							
Name of Employer Homemaker Occupation Homemaker Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																				
500.00																							

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. William Orr		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address & The Honorable Kay Orr 1610 Brent Blvd		Transaction ID: 61006.C5577
City State Zip Code Lincoln NE 68506-1866	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Edward Porn		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 1604 Devoe Dr		Transaction ID: 61006.C5573
City State Zip Code Lincoln NE 68506-1828	Amount of Each Receipt this Period 100.00	
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Herbert Reese		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 9437 Firethorn Ln		Transaction ID: 61006.C5559
City State Zip Code Lincoln NE 68520-1454	Amount of Each Receipt this Period 100.00	
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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. John Rudersdorf		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 6300 Rainier Ct		Transaction ID: 61011.C5673	
City State Zip Code Lincoln NE 68510-5050		Amount of Each Receipt this Period 10.00	
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 NebraskaPulmonarySpecial-ies	Occupation Doctor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10.00		

Full Name (Last, First, Middle Initial) B. John Rudersdorf		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 6300 Rainier Ct		Transaction ID: 61020.C5754	
City State Zip Code Lincoln NE 68510-5050		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 NebraskaPulmonarySpecial-ies	Occupation Doctor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1010.00		

Full Name (Last, First, Middle Initial) C. John Rudersdorf		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 6300 Rainier Ct		Transaction ID: 61020.C5755	
City State Zip Code Lincoln NE 68510-5050		Amount of Each Receipt this Period -1000.00	
FEC ID number of contributing federal political committee. C		Reattribution Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] REATTRIBUTION TO SPOUSE	
Name of Employer NebraskaPulmonarySpecial-ies	Occupation Doctor		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10.00		

SUBTOTAL of Receipts This Page (optional)	1010.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

A. Full Name (Last, First, Middle Initial)
Sue Rudersdorf

Mailing Address 6300 Rainier Ct

City Lincoln State NE Zip Code 68510-5050

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

Name of Employer Self-Employed Occupation Nurse

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 61020.C5756

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]
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
Walter Scott, Jr.

Mailing Address 8725 Rainwood Rd

City Omaha State NE Zip Code 68122-2309

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

Name of Employer Peter Kiewit Sons, Inc. Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 61006.C5607

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)
Steve Sloup

Mailing Address 3028 Georgian Ct

City Lincoln State NE Zip Code 68502-5028

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

Name of Employer West Gate Bank Center Occupation Senior VP and CFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 61006.C5600

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) ► 1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

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

Mailing Address 301 S 13th St Ste 400

City Lincoln State NE Zip Code 68508-2532

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

Name of Employer Erickson & Sederstrom Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 61020.C5724

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)
William Van Werden

Mailing Address 2418 Lake St

City Lincoln State NE Zip Code 68502-4016

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 61010.C5616

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)
A. Doug Vandervort

Mailing Address 3210 Calvert St

City Lincoln State NE Zip Code 68502-5217

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

Name of Employer Woods Brothers Realty Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

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

Transaction ID: 61006.C5557

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)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Walt Weaver		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address 6722 Flint Ridge Rd		Transaction ID: 61010.C5634	
City Lincoln	State NE	Amount of Each Receipt this Period 250.00	
Zip Code 68506-2884		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. James Winter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 6	
Mailing Address 1530 E Manor Dr		Transaction ID: 61006.C5560	
City Lincoln	State NE	Amount of Each Receipt this Period 25.00	
Zip Code 68506-1449		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Laird Technologies	Occupation Electrical Engineer		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) C. Irene Zimmerman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 401 S Second St PO Box 340		Transaction ID: 61014.C5681	
City Battle Creek	State NE	Amount of Each Receipt this Period 100.00	
Zip Code 68715-0340		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Community Service		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	11585.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 40

<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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Apple Studios		Transaction ID: 61020.E1854 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 612 E Court		Amount of Each Disbursement this Period 737.02
City State Zip Code Beatrice NE 68310-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Photography	Category/ Type 007	PHOTOGRAPHY
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Arena Communications		Transaction ID: 61020.E1843 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 1142 W 2320 South Suite D		Amount of Each Disbursement this Period 13654.77
City State Zip Code Salt Lake City UT 84119-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising	Category/ Type 004	ADVERTISING
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Arena Communications		Transaction ID: 61020.E1844 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address 1142 W 2320 South Suite D		Amount of Each Disbursement this Period 3264.75
City State Zip Code Salt Lake City UT 84119-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising	Category/ Type 004	ADVERTISING
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	17656.54
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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Bruce Baily Properties		Transaction ID: 61020.E1836 Date of Disbursement 10 / 02 / 2006
Mailing Address unknown		Amount of Each Disbursement this Period 180.00
City Lincoln	State Zip Code NE 68503-	
Purpose of Disbursement Storage Rental		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		STORAGE RENTAL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Tim Criss		Transaction ID: 61020.E1877 Date of Disbursement 10 / 06 / 2006
Mailing Address 513 1/2 S 1st St		Amount of Each Disbursement this Period 551.09
City Norfolk	State Zip Code NE 68701-5373	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		REIMBURSEMENT: SEE BELOW
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tim Criss		Transaction ID: 61020.E1878 Date of Disbursement 10 / 06 / 2006
Mailing Address 513 1/2 S 1st St		Amount of Each Disbursement this Period 193.88
City Norfolk	State Zip Code NE 68701-5373	
Purpose of Disbursement Reimbursement Mileage		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM] MEMO: REIMBURSEMENT MILEAGE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	731.09
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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Tim Criss		Transaction ID: 61020.E1879 Date of Disbursement 10 / 06 / 2006
Mailing Address 513 1/2 S 1st St		Amount of Each Disbursement this Period 243.43
City Norfolk State NE Zip Code 68701-5373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement Cell Phone Candidate Name	001 Category/Type	[MEMO ITEM] MEMO: REIMBURSEMENT CELL PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tim Criss		Transaction ID: 61020.E1880 Date of Disbursement 10 / 06 / 2006
Mailing Address 513 1/2 S 1st St		Amount of Each Disbursement this Period 113.78
City Norfolk State NE Zip Code 68701-5373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement Office Supplies Candidate Name	001 Category/Type	[MEMO ITEM] MEMO: REIMBURSEMENT OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jacki Evans		Transaction ID: 61020.E1856 Date of Disbursement 10 / 02 / 2006
Mailing Address 1610 N Street		Amount of Each Disbursement this Period 75.00
City Lincoln State NE Zip Code 68508-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement Mileage Candidate Name	002 Category/Type	REIMBURSEMENT MILEAGE
Office Sought: <input type="checkbox"/> House <input 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) ▶	75.00
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)
Jeff Fortenberry for United States Congress

A. Full Name (Last, First, Middle Initial) Jacki Evans		Transaction ID: 61020.E1857 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 1610 N Street		Amount of Each Disbursement this Period 60.23	
City Lincoln State NE Zip Code 68508-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	REIMBURSEMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input 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) Jacki Evans		Transaction ID: 61020.E1858 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 1610 N Street		Amount of Each Disbursement this Period 33.06	
City Lincoln State NE Zip Code 68508-	Purpose of Disbursement Reimbursement Mileage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	[MEMO ITEM] MEMO: REIMBURSEMENT MILEAGE	
Office Sought: <input type="checkbox"/> House <input 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) Jacki Evans		Transaction ID: 61020.E1859 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address 1610 N Street		Amount of Each Disbursement this Period 27.17	
City Lincoln State NE Zip Code 68508-	Purpose of Disbursement Reimbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	[MEMO ITEM] MEMO: REIMBURSEMENT OFFICE SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	60.23
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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. FEC Financial, LLC		Transaction ID: 61020.E1848 Date of Disbursement 10 / 11 / 2006	
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 839.78	
City Sterling State VA Zip Code 20165-1374	Purpose of Disbursement Accounting Services 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) ▼	ACCOUNTING SERVICES	

Full Name (Last, First, Middle Initial) B. Jeffrey Fortenberry		Transaction ID: 61020.E1865 Date of Disbursement 10 / 02 / 2006	
Mailing Address 6415 Rainier Dr		Amount of Each Disbursement this Period 104.12	
City Lincoln State NE Zip Code 68510-4128	Purpose of Disbursement REIMBURSEMENT: SEE BELOW 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) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Jeffrey Fortenberry		Transaction ID: 61020.E1867 Date of Disbursement 10 / 02 / 2006	
Mailing Address 6415 Rainier Dr		Amount of Each Disbursement this Period 68.87	
City Lincoln State NE Zip Code 68510-4128	Purpose of Disbursement Reimbursement Food & Beverage 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) ▼	[MEMO ITEM] MEMO: REIMBURSEMENT FOOD & BEVERAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	943.90
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)
Jeff Fortenberry for United States Congress

A. Jeffrey Fortenberry Full Name (Last, First, Middle Initial) Mailing Address 6415 Rainier Dr City Lincoln State NE Zip Code 68510-4128 Purpose of Disbursement Reimbursement Mileage 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: 61020.E1866 Date of Disbursement 10 / 02 / 2006 Amount of Each Disbursement this Period 35.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: REIMBURSEMENT MILEAGE
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B. Jeffrey Fortenberry Full Name (Last, First, Middle Initial) Mailing Address 6415 Rainier Dr City Lincoln State NE Zip Code 68510-4128 Purpose of Disbursement Reimbursement Mileage 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: 61020.E1868 Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 32.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT MILEAGE
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C. Maria Gullo Full Name (Last, First, Middle Initial) Mailing Address 1610 N St City Lincoln State NE Zip Code 68508-1817 Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61020.E1873 Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 76.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: SEE BELOW
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SUBTOTAL of Disbursements This Page (optional) ▶	108.96
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)

PAGE 29 / 40

<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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Maria Gullo		Transaction ID: 61020.E1875 Date of Disbursement 10 / 16 / 2006
Mailing Address 1610 N St		Amount of Each Disbursement this Period 51.91
City Lincoln State NE Zip Code 68508-1817	Purpose of Disbursement Reimbursement Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: REIMBURSEMENT OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Maria Gullo		Transaction ID: 61020.E1874 Date of Disbursement 10 / 16 / 2006
Mailing Address 1610 N St		Amount of Each Disbursement this Period 24.85
City Lincoln State NE Zip Code 68508-1817	Purpose of Disbursement Reimbursement Mileage 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: REIMBURSEMENT MILEAGE

Full Name (Last, First, Middle Initial) C. Hunt Conference Group, Inc.		Transaction ID: 61020.E1853 Date of Disbursement 10 / 06 / 2006
Mailing Address 611 S. Main Street Suite 410		Amount of Each Disbursement this Period 7426.00
City Grapevine State TX Zip Code 76051-	Purpose of Disbursement Audio/Visual 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AUDIO/VISUAL

SUBTOTAL of Disbursements This Page (optional) ▶	7426.00
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)

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

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

A. Linweld, Inc Full Name (Last, First, Middle Initial) Mailing Address PO Box 29349 City Lincoln State NE Zip Code 68529-0349 Purpose of Disbursement Advertising 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: 61020.E1837 Date of Disbursement 10 / 02 / 2006 Amount of Each Disbursement this Period 106.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
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B. Marsh, Copsey + Associates, Inc Full Name (Last, First, Middle Initial) Mailing Address 8201 Corporate Dr City Hyattsville State MD Zip Code 20785-2207 Purpose of Disbursement Media Buys 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: 61020.E1841 Date of Disbursement 10 / 03 / 2006 Amount of Each Disbursement this Period 41830.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUYS
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C. Marsh, Copsey + Associates, Inc Full Name (Last, First, Middle Initial) Mailing Address 8201 Corporate Dr City Hyattsville State MD Zip Code 20785-2207 Purpose of Disbursement Media Buys 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: 61020.E1835 Date of Disbursement 10 / 12 / 2006 Amount of Each Disbursement this Period 243163.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUYS
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SUBTOTAL of Disbursements This Page (optional) ▶	285099.88
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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Nebraska Republican Party		Transaction ID: 61020.E1849 Date of Disbursement 10 / 16 / 2006
Mailing Address 1610 N Street		Amount of Each Disbursement this Period 1100.00
City Lincoln State NE Zip Code 68508-1825	Purpose of Disbursement Office Rental Expense 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE RENTAL EXPENSE

Full Name (Last, First, Middle Initial) B. On Your Marks		Transaction ID: 61020.E1838 Date of Disbursement 10 / 02 / 2006
Mailing Address 6323 Katrina Ln		Amount of Each Disbursement this Period 832.45
City Lincoln State NE Zip Code 68512-	Purpose of Disbursement Advertising 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING

Full Name (Last, First, Middle Initial) C. Grant Pillier		Transaction ID: 61020.E1860 Date of Disbursement 10 / 02 / 2006
Mailing Address 1640 Holdrege St Apt 103		Amount of Each Disbursement this Period 313.13
City Lincoln State NE Zip Code 68508-1248	Purpose of Disbursement Reimbursement Mileage 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT MILEAGE

SUBTOTAL of Disbursements This Page (optional) ▶	2245.58
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Grant Piller		Transaction ID: 61020.E1861 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 1640 Holdrege St Apt 103		Amount of Each Disbursement this Period 138.83
City Lincoln State NE Zip Code 68508-1248	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		REIMBURSEMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Grant Piller		Transaction ID: 61020.E1863 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 1640 Holdrege St Apt 103		Amount of Each Disbursement this Period 120.03
City Lincoln State NE Zip Code 68508-1248	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement Mileage		[MEMO ITEM] MEMO: REIMBURSEMENT MILEAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Grant Piller		Transaction ID: 61020.E1862 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 1640 Holdrege St Apt 103		Amount of Each Disbursement this Period 18.80
City Lincoln State NE Zip Code 68508-1248	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement Office Supplies		[MEMO ITEM] MEMO: REIMBURSEMENT OFFICE SUPPLIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	138.83
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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Reflections Event Photography		Transaction ID: 61020.E1839 Date of Disbursement 10 / 02 / 2006	
Mailing Address 631 Pennsylvania Ave, SE		Amount of Each Disbursement this Period 895.25	
City Washington State DC Zip Code 20003-	Purpose of Disbursement Photography	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 007	PHOTOGRAPHY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sarah Schmidt		Transaction ID: 61020.E1864 Date of Disbursement 10 / 02 / 2006	
Mailing Address 733 N 17th St # 132C		Amount of Each Disbursement this Period 35.25	
City Lincoln State NE Zip Code 68508-1284	Purpose of Disbursement Reimbursement Mileage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	REIMBURSEMENT MILEAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Karen Shinn		Transaction ID: 61020.E1869 Date of Disbursement 10 / 02 / 2006	
Mailing Address 356 S 53rd St		Amount of Each Disbursement this Period 466.76	
City Lincoln State NE Zip Code 68510-2018	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	REIMBURSEMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input 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) ▶	1397.26
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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Karen Shinn		Transaction ID: 61020.E1871 Date of Disbursement 10 / 02 / 2006	
Mailing Address 356 S 53rd St		Amount of Each Disbursement this Period 85.74	
City Lincoln State NE Zip Code 68510-2018	Purpose of Disbursement Reimbursement Office Supplies Candidate Name	001 Category/Type <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) ▼	[MEMO ITEM] MEMO: REIMBURSEMENT OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) B. Karen Shinn		Transaction ID: 61020.E1870 Date of Disbursement 10 / 02 / 2006	
Mailing Address 356 S 53rd St		Amount of Each Disbursement this Period 381.02	
City Lincoln State NE Zip Code 68510-2018	Purpose of Disbursement Reimbursement Mileage Candidate Name	002 Category/Type <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) ▼	[MEMO ITEM] MEMO: REIMBURSEMENT MILEAGE	

Full Name (Last, First, Middle Initial) C. Karen Shinn		Transaction ID: 61020.E1872 Date of Disbursement 10 / 16 / 2006	
Mailing Address 356 S 53rd St		Amount of Each Disbursement this Period 73.77	
City Lincoln State NE Zip Code 68510-2018	Purpose of Disbursement Reimbursement Office Supplies Candidate Name	001 Category/Type <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) ▼	REIMBURSEMENT OFFICE SUPPLIES	

SUBTOTAL of Disbursements This Page (optional) ▶

73.77

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Splendid Fare		Transaction ID: 61020.E1846 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 1310 Braddock Place		Amount of Each Disbursement this Period 655.27
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food & Beverage Expense	Candidate Name	FOOD & BEVERAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: 61020.E1850 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address PO Box 219554		Amount of Each Disbursement this Period 372.21
City Kansas City State MO Zip Code 64121-9554	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Service	Candidate Name	TELEPHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sprint		Transaction ID: 61020.E1851 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address PO Box 219554		Amount of Each Disbursement this Period 387.56
City Kansas City State MO Zip Code 64121-9554	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Service	Candidate Name	TELEPHONE SERVICE
Office Sought: <input type="checkbox"/> House <input 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) ▶	1415.04
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Stage 2 Design, Inc		Transaction ID: 61020.E1852 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 3830 Franklin Street		Amount of Each Disbursement this Period 535.00
City Lincoln State NE Zip Code 68506-5209	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Management Candidate Name	Category/Type 001	WEBSITE MANAGEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Green Gateau		Transaction ID: 61020.E1899 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 330 S 10th Street		Amount of Each Disbursement this Period 434.96
City Lincoln State NE Zip Code 68508-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food and Beverage Candidate Name	Category/Type 007	FOOD AND BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Transaction ID: 61020.E1834 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 700 R St		Amount of Each Disbursement this Period 300.00
City Lincoln State NE Zip Code 68501-9003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 003	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1269.96
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Transaction ID: 61020.E1842 Date of Disbursement 10 / 04 / 2006	
Mailing Address 700 R St		Amount of Each Disbursement this Period 564.13	
City Lincoln State NE Zip Code 68501-9003	Purpose of Disbursement Postage Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Transaction ID: 61020.E1905 Date of Disbursement 10 / 12 / 2006	
Mailing Address 700 R St		Amount of Each Disbursement this Period 119.22	
City Lincoln State NE Zip Code 68501-9003	Purpose of Disbursement Postage Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Transaction ID: 61020.E1906 Date of Disbursement 10 / 13 / 2006	
Mailing Address 700 R St		Amount of Each Disbursement this Period 14.40	
City Lincoln State NE Zip Code 68501-9003	Purpose of Disbursement Postage Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

SUBTOTAL of Disbursements This Page (optional) ▶	697.75
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Transaction ID: 61025.E1918 Date of Disbursement 10 / 18 / 2006
Mailing Address 700 R St		Amount of Each Disbursement this Period 18.80
City Lincoln State NE Zip Code 68501-9003	Purpose of Disbursement Postage Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Union Bank & Trust Co		Transaction ID: 61020.E1832 Date of Disbursement 10 / 03 / 2006
Mailing Address PO Box 82535		Amount of Each Disbursement this Period 6.15
City Lincoln State NE Zip Code 68501-2535	Purpose of Disbursement Service Charge Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SERVICE CHARGE <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Union Bank & Trust Co		Transaction ID: 61020.E1908 Date of Disbursement 10 / 12 / 2006
Mailing Address PO Box 82535		Amount of Each Disbursement this Period 10.00
City Lincoln State NE Zip Code 68501-2535	Purpose of Disbursement Wire Transfer Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WIRE TRANSFER FEE <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	34.95
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Jeff Fortenberry for United States Congress

Full Name (Last, First, Middle Initial) A. Windstream		Transaction ID: 61020.E1840	
Mailing Address PO Box 81309		Date of Disbursement 10 / 02 / 2006	
City Lincoln	State NE	Zip Code 68501-1309	Amount of Each Disbursement this Period 273.43
Purpose of Disbursement Telephone Service		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TELEPHONE SERVICE
State: District:			

SUBTOTAL of Disbursements This Page (optional)	273.43
TOTAL This Period (last page this line number only)	319648.17

Image# 26940547616

Form/Schedule: **F3N**

Note page 6 for American Medical Association PAC the aggregate amount reported is \$10,500.00 \$5,000.00 for 20-04 General Debt on 02/07/05, \$3,000.00 for Primary 2006 and \$2,500 for General 2006.

Transaction ID:
