

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
SHARRON ANGLE YOUR VOICE IN CONGRESS

ADDRESS (number and street) PO BOX 33058
 Check if different than previously reported. (ACC)
Reno NV 89533

2. **FEC IDENTIFICATION NUMBER** C00412064
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NV 02

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 01 01 2006 through 03 31 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 Alan B. Mills

Signature of Treasurer Electronically Filed by Alan B. Mills Date 04 15 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

SHARRON ANGLE YOUR VOICE IN CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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)).....	162302.31	526185.92
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	162302.31	526185.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	28456.17	78353.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	28456.17	78353.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	449451.64	
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
 SHARRON ANGLE YOUR VOICE IN CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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).....

95505.00

312776.00

(ii) Unitemized.....

65297.31

208531.36

(iii) TOTAL of contributions

160802.31

521307.36

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

1500.00

4878.56

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

162302.31

526185.92

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

0.00

15. OTHER RECEIPTS

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

670.12

1619.12

16. TOTAL RECEIPTS (add Lines

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

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

162972.43

527805.04

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28456.17	78353.40
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	28456.17	78353.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	314935.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	162972.43
25. SUBTOTAL (add Line 23 and Line 24).....	477907.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28456.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	449451.64

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 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

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

Mailing Address 113 Saint Tropez Circle

City State Zip Code
Beaver Falls PA 15010

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

Name of Employer Self Occupation Attorney

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
0 1 / 2 6 / 2 0 0 6

Transaction ID: 01260600324

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 60 Frontage Road

City State Zip Code
Andover MA 01810

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

Name of Employer Dynamics Research Corp. Occupation Chairman Emeritus

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
0 2 / 0 1 / 2 0 0 6

Transaction ID: 02010600391

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Carol Anderson

Mailing Address 1025 Strong Rd

City State Zip Code
Victor NY 14564

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

Name of Employer n.a. Occupation Homemaker

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
0 3 / 1 6 / 2 0 0 6

Transaction ID: 03160600323

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	800.00
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 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

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

Mailing Address 401 Wilshire Blvd. #700

City State Zip Code
Santa Monica CA 90401

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

Name of Employer Occupation
The Macerich Company Vice Chairman of the Board

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

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

Transaction ID: 02010600337

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Ernestine J. Angle

Mailing Address 2311 Sycamore Glen Dr. Apt. 2

City State Zip Code
Sparks NV 89434

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

Name of Employer Occupation
n/a Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

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

Transaction ID: 0106060019

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Louis Appell

Mailing Address 1700 Powder Mill Rd

City State Zip Code
York PA 17403-4945

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

Name of Employer Occupation
Susquehanna Pfaltzgraff Co. Business Executive

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
0 3 / 1 6 / 2 0 0 6

Transaction ID: 031606003139

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Arnott		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 800 E. Colorado Boulevard #87		Transaction ID: 03070600310	
City Pasadena	State CA	Zip Code 91101	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Research Affiliates LLC	Occupation Chairman		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Wesley Ayres		Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2006	
Mailing Address 33 Deep Well Ln		Transaction ID: 01270600328	
City Los Altos	State CA	Zip Code 94022-4603	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a.		Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Kaman Akil Bakari		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 1584 Spring Rain Rd.		Transaction ID: 03270600111	
City Las Vegas	State NV	Zip Code 89142-7900	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kemet Electric LLC		Occupation Electrician	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	1600.00
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 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Kaman Akil Bakari		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6	
Mailing Address 1584 Spring Rain Rd.		Transaction ID: 0218060014	
City State Zip Code Las Vegas NV 89142-7900	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kemet Electric LLC	Occupation Electrician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Robert Battle		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 11523 Highgrove Drive		Transaction ID: 020106003116	
City State Zip Code Houston TX 77077-4213	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Physician		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Lee Beaman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 1525 Broadway		Transaction ID: 02090600382	
City State Zip Code Nashville TN 37203	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Beaman Automotive	Occupation auto dealer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
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 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Thomas L. Belaustegui		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006
Mailing Address 4205 Ross Drive		Transaction ID: 03170600117
City Reno	State NV	Zip Code 89509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Info Requested	Occupation Info Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Kenneth Berger		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 6201 Seville Court		Transaction ID: 03070600332
City Long Beach	State CA	Zip Code 90803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer n.a.	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Lawrence Bidwell		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address 129 Poplar Hill Dr		Transaction ID: 03240600375
City Farmville	State VA	Zip Code 23901-9208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Virginia Farm Bureau Mutual Ins. Co.	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 10 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

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

Mailing Address 930 Tahoe Boulevard Unit 802 Suite

City State Zip Code
Incline Village NV 89451-9488

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

Name of Employer Occupation
N.A. Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2006

Transaction ID: 0201060033

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Blandy Boocock

Mailing Address 6001 N Nauni Valley Dr

City State Zip Code
Paradise Valley AZ 85253-5134

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

Name of Employer Occupation
n/a retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2006

Transaction ID: 020106003136

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
John Bowen

Mailing Address 528 Lost Angel Rd.

City State Zip Code
Boulder CO 80302-9241

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

Name of Employer Occupation
self engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2006

Transaction ID: 020106003134

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. John Brehmer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 201 Seabreeze Court		Transaction ID: 02010600373
City State Zip Code Vero Beach FL 32963-9508	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation retired	Election Cycle-to-Date 1600.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Brehmer		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 201 Seabreeze Court		Transaction ID: 03160600366
City State Zip Code Vero Beach FL 32963-9508	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation retired	Election Cycle-to-Date 1600.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Warren Bridges		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 1715 Fredrica Drive		Transaction ID: 01270600319
City State Zip Code Orlando FL 32812-8853	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Aloes Int'l Inc. Occupation US Army retired/self-employed	Election Cycle-to-Date 400.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
B.V. Brooks

Mailing Address 542 Westport Ave.

City Norwalk State CT Zip Code 06851-4425

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

Name of Employer Brooks, Torrey & Scott, Inc. Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 02090600323

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Sandra Brown

Mailing Address 2 Norman Street

City Marblehead State MA Zip Code 01945-2612

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: 02020600312

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Sandra Brown

Mailing Address 2 Norman Street

City Marblehead State MA Zip Code 01945-2612

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: 031606003108

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	900.00
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 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial) Robert Bruce		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 100 Boerne Stage Airfield		Transaction ID: 031606003112
City Boerne State TX Zip Code 78006	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Boerne Stage Field Occupation self employed		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Anthony Bryant		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2006
Mailing Address 108 N. Barstow St.		Transaction ID: 0227060035
City Waukesha State WI Zip Code 53186-4928	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Century Fence Co. Occupation Business Exec.		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Rob Bryant		Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2006
Mailing Address 5945 Cross Creek Rd		Transaction ID: 01270600336
City Lincoln State NE Zip Code 68516	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self employed Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
Melvin Buchanan

Mailing Address 1421 Crescent Drive

City State Zip Code
Columbus IN 47203-1441

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: 031606003244

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 4790 Caughlin Pkwy # 518

City State Zip Code
Reno NV 89509-0907

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

Name of Employer Self Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: 031606003166

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 4130 SW Fairhaven Drive

City State Zip Code
Corvallis OR 97333-1428

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

Name of Employer n.a. Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: 031606003152

Amount of Each Receipt this Period
250.00

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 15 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Robert Bunn		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 4130 SW Fairhaven Drive		Transaction ID: 020906003111	
City State Zip Code Corvallis OR 97333-1428	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation retired	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. James Callan		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address 1711 E. Dean Road		Transaction ID: 03160600393	
City State Zip Code Fox Point WI 53217	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer James Callan Inc. Occupation Real Estate	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Henry Carlson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 9101 E. Madison St.		Transaction ID: 02090600381	
City State Zip Code Sioux Falls SD 57110-7463	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Henry Carlson Company Occupation	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Derwood Chase		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 300 Preston Avenue Suite 403		Transaction ID: 031606003193
City State Zip Code Charlottesville VA 22902-5091	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Chase Investment Counsel Corp.	Occupation President and Director	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Richard Clark		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006
Mailing Address P.O. Box 655		Transaction ID: 02010600334
City State Zip Code Cazenovia NY 13035	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer retired	Occupation n/a	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David Colburn		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006
Mailing Address 1250 Elm Tree Rd		Transaction ID: 020106003115
City State Zip Code Lake Forest IL 60045	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Miranda Investors, LLC	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Stephen Conkling		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address P.O. Box 1369		Transaction ID: 03160600317	
City State Zip Code Meredith NH 03253-1369		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Air Horizons, LLC	Occupation Sales Engineer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. William Conway		Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2006	
Mailing Address 32400 Fairmount Blvd.		Transaction ID: 0202060039	
City State Zip Code Cleveland OH 44124-4830		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a.	Occupation retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. John Corson		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2006	
Mailing Address 3 Woodbine Terrace		Transaction ID: 01260600331	
City State Zip Code Sparta NJ 07871		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self	Occupation Real Estate Management		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
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 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. John Corson		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 3 Woodbine Terrace		Transaction ID: 03240600312	
City Sparta	State NJ	Amount of Each Receipt this Period 300.00	
Zip Code 07871		<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	Occupation Real Estate Management		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. David E. Cox		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2006	
Mailing Address 1350 E. Grey St., Suite 3		Transaction ID: 0123060015	
City Sparks	State NV	Amount of Each Receipt this Period 500.00	
Zip Code 89431		<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	Occupation Accountant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Richard Cox		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 1951 Kakela Drive		Transaction ID: 03240600372	
City Honolulu	State HI	Amount of Each Receipt this Period 100.00	
Zip Code 96822-2156		<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 n.a	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
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 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Richard Cox		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 1951 Kakela Drive		Transaction ID: 020906003140	
City Honolulu	State HI	Zip Code 96822-2156	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. John Creedon		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 170 Hebron Circle		Transaction ID: 02010600368	
City Sacramento	State CA	Zip Code 95835	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self	Occupation lawyer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. John Creedon		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address 170 Hebron Circle		Transaction ID: 031606003235	
City Sacramento	State CA	Zip Code 95835	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self	Occupation lawyer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
Tom Crook

Mailing Address 2203 Riverview Drive

City Murfreesboro State TN Zip Code 37129-1328

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

Name of Employer Reading For Education, Inc. Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: 03070600343

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 2409 Sundial Court

City Fort Myers State FL Zip Code 33908

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

Name of Employer n.a. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2006

Transaction ID: 01270600316

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1310 NE A Hwy

City Lathrop State MO Zip Code 64465

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

Name of Employer Retired Occupation n.a.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 020906003124

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
Roger Crouch

Mailing Address 1310 NE A Hwy

City State Zip Code
Lathrop MO 64465

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

Name of Employer Retired Occupation n.a.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 24 2006

Transaction ID: 03240600371

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 14 East Gate Road

City State Zip Code
Huntington NY 11743

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

Name of Employer Ruane, Cunniff and Goldfarb Inc. Occupation Investment Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
03 16 2006

Transaction ID: 03160600336

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Leigh Curry

Mailing Address 237 Park Avenue, 9th Floor

City State Zip Code
New York NY 10017

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

Name of Employer Guerrilla Capital Management Occupation Money Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y
02 01 2006

Transaction ID: 020106003110

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

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

Mailing Address 717 N. 9th Street

City State Zip Code
St. Peter MN 56082

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

Name of Employer
cheesemaker

Occupation
Davisco Foods International, I

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 02090600357

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Anthony De Santis

Mailing Address 72 Ave. L

City State Zip Code
Newark NJ 07105

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

Name of Employer
info requested

Occupation
info requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 02020600316

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 524 W Comstock

City State Zip Code
Seattle WA 98119-3421

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

Name of Employer
n/a

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
0 3 / 0 2 / 2 0 0 6

Transaction ID: 0302060031

Amount of Each Receipt this Period
250.00

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 23 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

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

Mailing Address 231 Kimball Ave

City State Zip Code
Westfield NJ 07090

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

Name of Employer n.a. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

Transaction ID: 0127060031

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 231 Kimball Ave

City State Zip Code
Westfield NJ 07090

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

Name of Employer n.a. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 6

Transaction ID: 03240600334

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Eugene Diamond

Mailing Address 12109 South 87th Avenue

City State Zip Code
Palos Park IL 60464-1206

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

Name of Employer SSFHS, Inc. Occupation hospital executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 0202060031

Amount of Each Receipt this Period
150.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Eugene Diamond		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 12109 South 87th Avenue		Transaction ID: 03160600321	
City State Zip Code Palos Park IL 60464-1206		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation SSFHS, Inc. hospital executive			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. James Diamond		Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2006	
Mailing Address 91 Tollgate Road Suite 400		Transaction ID: 0112060038	
City State Zip Code Warick RI 02886		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation self Financial Advisor			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Samuel Dijk		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006	
Mailing Address 1715 Droxford Drive		Transaction ID: 020106003126	
City State Zip Code Houston TX 77008-3101		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Praxis Management, Inc. attorney			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Wesley Dixon		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 400 Skokie Blvd. Suite 300		Transaction ID: 02010600356	
City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer n.a. Occupation Retired	Election Cycle-to-Date 600.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. F. Michael Donohue		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 601 Chandler Mill Rd.		Transaction ID: 020906003122	
City State Zip Code Avondale PA 19311-9622	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer ZIV Investment Co. Occupation stock broker	Election Cycle-to-Date 750.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Don Dornan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 1010 Sundown Ct.		Transaction ID: 0106060015	
City State Zip Code Gardnerville NV 89460	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer n/a Occupation Retired	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
Wallace Downey

Mailing Address 1000 Thornridge CT

City State Zip Code
Argyle TX 76226-2532

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

Name of Employer Occupation
Downey Publishing President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2006

Transaction ID: 02010600331

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Samuel H. Dupuis

Mailing Address 4321 Kyle Dr.

City State Zip Code
Wellington NV 89444

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

Name of Employer Occupation
n/a Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 0106060012

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Edward Eichmann

Mailing Address 484 S.Briarcliff

City State Zip Code
Canfield OH 44406

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

Name of Employer Occupation
n.a. Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: 031606003192

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Larry Elins		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 15260 Ventura Boulevard Suite 1020		Transaction ID: 03240600366	
City Sherman Oaks	State CA	Zip Code 91403	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Elins Enterprises	Occupation Investor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. William Ellenberger		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 15234 Sky High Rd.		Transaction ID: 031606003134	
City Escondido	State CA	Zip Code 92025	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a	Occupation retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. William Ellenberger		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2006	
Mailing Address 15234 Sky High Rd.		Transaction ID: 02090600314	
City Escondido	State CA	Zip Code 92025	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a	Occupation retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
David Evans

Mailing Address 139 Juniper Road

City Belmont State MA Zip Code 02478

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

Name of Employer self Occupation financier

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 03300600318

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
Alan Feld

Mailing Address 860 East Sahara Ave.

City Las Vegas State NV Zip Code 89104

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

Name of Employer n/a Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2006

Transaction ID: 0110060015

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Wade Fetzer

Mailing Address 71 S. Wacker Drive Suite 500

City Chicago State IL Zip Code 60606

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

Name of Employer n.a. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: 031606003258

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Lawrence Field		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 9884 Carmelita Ave		Transaction ID: 020906003130	
City State Zip Code Beverly Hills CA 90210-3119		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation NSB Assoc., Inc. real estate			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Joe Finnegan		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6	
Mailing Address 2001 Dipinto Ave.		Transaction ID: 03010600112	
City State Zip Code Henderson NV 89052		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation n/a Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Mark Fisher		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 3606 Tangley St		Transaction ID: 02150600347	
City State Zip Code Houston TX 77005		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation n/a self employed			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Ivy Fletcher		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 16340 Iola Woods Trail		Transaction ID: 03160600381
City State Zip Code Dade City FL 33525	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fletcher Marine Inc.	Occupation Assistant	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Milo Foster		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address PO Box 349		Transaction ID: 03240600373
City State Zip Code Neenah WI 54957-0349	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kimberly-Clark Corp.	Occupation General Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. R. Frazer		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2006
Mailing Address 3412 Hadfield Greene		Transaction ID: 02090600385
City State Zip Code Sarasota FL 34235-5170	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a.	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial) R. Frazer		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 3412 Hadfield Greene		Transaction ID: 03160600385	
City State Zip Code Sarasota FL 34235-5170	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired	Election Cycle-to-Date 400.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Philip Friedmann		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 2430 North Lakeview #7 - South		Transaction ID: 031606003151	
City State Zip Code Chicago IL 60614-2720	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer info requested Occupation info requested	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Foster Friess		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2006	
Mailing Address Sorensen & Sorensen, P.C. P. O. Box 1845		Transaction ID: 02180600112	
City State Zip Code Jackson WY 83001	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation Retired	Election Cycle-to-Date 2100.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3300.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Barry Fry		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 1683 Washington Valley Rd		Transaction ID: 02150600371
City State Zip Code Martinsville NJ 08836	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation n.a.	Election Cycle-to-Date ▼ 503.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Barry Fry		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 1683 Washington Valley Rd		Transaction ID: 031606003116
City State Zip Code Martinsville NJ 08836	Amount of Each Receipt this Period 101.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation n.a.	Election Cycle-to-Date ▼ 503.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Barbara Gaby		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 445 Old Homestead Trl		Transaction ID: 031606003191
City State Zip Code Duluth GA 30097-8027	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Peter Island Resort Occupation CEO	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1301.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Richard Gaby		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 445 Old Homestead Trl		Transaction ID: 031606003281
City State Zip Code Duluth GA 30097-8027	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Peter Island Resort Occupation CEO	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Richard Gaby		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 445 Old Homestead Trl		Transaction ID: 031606003282
City State Zip Code Duluth GA 30097-8027	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Peter Island Resort Occupation CEO	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. John Galbraith		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 500 Crestwood Drive		Transaction ID: 0316060035
City State Zip Code Charlottesville VA 22903	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation retired	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Edward Gerber		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 1715 Green Ash Rd.		Transaction ID: 0301060013
City State Zip Code Reno NV 89511	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) B. Martin Gibson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 112 Forest Brook St		Transaction ID: 031606003163
City State Zip Code Oak Leaf TX 75154-6004	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Oil & Gas Attorney Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ava Goedhart		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2006
Mailing Address 7084 County Road 31		Transaction ID: 0126060032
City State Zip Code Orland CA 95963-9701	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation dairy Election Cycle-to-Date ▼ 500.00	

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: PAGE 35 / 103 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial) Versa Gollan Mailing Address 5404 Benton Avenue City State Zip Code Downers Grove IL 60515-5033 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6 Transaction ID: 02090600316 Amount of Each Receipt this Period 250.00
Name of Employer n.a. Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 250.00

B. Full Name (Last, First, Middle Initial) Robert Gordon Mailing Address Quaker Hollow Road City State Zip Code Sewickley PA 15143 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6 Transaction ID: 031606003208 Amount of Each Receipt this Period 100.00
Name of Employer Business Occupation Gordon Terminal Service, Co. Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 300.00

C. Full Name (Last, First, Middle Initial) Robert Gordon Mailing Address Quaker Hollow Road City State Zip Code Sewickley PA 15143 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 Transaction ID: 02020600322 Amount of Each Receipt this Period 100.00
Name of Employer Business Occupation Gordon Terminal Service, Co. Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Larry Green		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 7475 Brothers Lane		Transaction ID: 0118060013
City State Zip Code Carson City NV 89704	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Green Realty	Occupation Real Estate	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Windi Grimes		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 2476 Bolsover Street		Transaction ID: 020106003142
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Mom / Investor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Windi Grimes		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 2476 Bolsover Street		Transaction ID: 03070600323
City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Mom / Investor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Michael A. Hall		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6	
Mailing Address 2557 Rampart Terrace		Transaction ID: 0110060016	
City State Zip Code Reno NV 89509	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation Retired	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Stephanie Hanson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 4015W. Canterbury Ct.		Transaction ID: 01270600320	
City State Zip Code Mequon WI 53092-2779	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation n.a.	Election Cycle-to-Date ▼ 400.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Vernon Hastings		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address 8500 E. Southern Ave. #58		Transaction ID: 0316060037	
City State Zip Code Mesa AZ 85208	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation retired	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial) Rodney Hawes Mailing Address 364 Laurel Road City New Canaan State CT Zip Code 06840 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 Transaction ID: 02010600394 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00

B. Full Name (Last, First, Middle Initial) Thomas Henry Mailing Address 19310 Sonoma Highway, Suite A City Sonoma State CA Zip Code 95476 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 Transaction ID: 020106003124 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer RealCare Insurance Market-ing, Inc. Occupation Insurance Sales Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial) Thomas Hill Mailing Address P.O. Box 2941 City Charlottesville State VA Zip Code 22902 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6 Transaction ID: 0307060032 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N.G.A. Occupation Sales Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
Tatnall Hillman

Mailing Address 504 W Bleeker Street

City Aspen State CO Zip Code 81611-1228

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

Name of Employer Self Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 01270600338

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 529 Pine Lane

City Lake Forest State IL Zip Code 60045

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

Name of Employer Guarantee Trust Life Occupation Insurance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

Transaction ID: 0209060036

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 421 Patterson Avenue

City San Antonio State TX Zip Code 78209

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

Name of Employer n.a. Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 020906003127

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Charles Horky		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 10113 S. Valley View Blvd.		Transaction ID: 0210060013	
City State Zip Code Las Vegas NV 89141		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CLS Limosine Service: Owner operator		Occupation Limosine Driver	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Charles Horky		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 10113 S. Valley View Blvd.		Transaction ID: 0210060014	
City State Zip Code Las Vegas NV 89141		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CLS Limosine Service: Owner operator		Occupation Limosine Driver	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Dale Hornback		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address 5720 Dijon Circle		Transaction ID: 0307060012	
City State Zip Code Reno NV 89511		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a		Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Ethelmae Humphreys		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 2505 East 11th Street		Transaction ID: 020906003138	
City State Zip Code Joplin MO 64801-5330	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Tamko Roofing Products	Occupation Chairman of the Board		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. David Jaeger		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 27 Grand Miramar Drive		Transaction ID: 0201060012	
City State Zip Code Henderson NV 89011-2203	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Jim Jenks		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address P. O. Box 18947		Transaction ID: 01060600110	
City State Zip Code Reno NV 89511	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self		Occupation Herbalist	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2200.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Richard Jernigan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 10909 Greenwillow St		Transaction ID: 020906003125	
City State Zip Code Houston TX 77035-5117	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Bacou-Dalloz sales manager	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) B. D.H. Johnston		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 1803 Brookhaven Drive		Transaction ID: 01260600332	
City State Zip Code Austin TX 78704	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Self Rancher	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) C. J. Jones		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 3625 Hendricks Avenue		Transaction ID: 02230600320	
City State Zip Code Jacksonville FL 32207-5311	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation self Investments	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Ronald Judy		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address P.O. Box 750		Transaction ID: 031606003217	
City Rancho Santa Fe	State CA	Zip Code 92067	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a.	Occupation Retired	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Paul Karschnia		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2006	
Mailing Address 2257 Lauren Drive		Transaction ID: 02090600363	
City Las Vegas	State NV	Zip Code 89134-5530	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a	Occupation retired	Election Cycle-to-Date ▼ 400.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Paul Karschnia		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 2257 Lauren Drive		Transaction ID: 03300600311	
City Las Vegas	State NV	Zip Code 89134-5530	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a	Occupation retired	Election Cycle-to-Date ▼ 400.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
R. W. Kasperson

Mailing Address 1339 Eastwood Lane

City State Zip Code
Northbrook IL 60062

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

Name of Employer Occupation
retired attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 02090600313

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 2450 Lakeview Avenue

City State Zip Code
Chicago IL 60614-2794

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

Name of Employer Occupation
RPG, Inc. Business

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: 03160600399

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1802 Solitaire Lane

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Solers defense contractor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 02090600341

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Edwin Kilburn		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 10801 E. Happy Valley Rd.		Transaction ID: 031606003256
City State Zip Code Scottsdale AZ 85255	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. Edwin Kilburn		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2006
Mailing Address 10801 E. Happy Valley Rd.		Transaction ID: 020906003160
City State Zip Code Scottsdale AZ 85255	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. Dave & Sue Kimball		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 1329 Highway 395, Ste 10, PMB 317		Transaction ID: 0301060019
City State Zip Code Gardnerville NV 89410	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer n/a Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	<input type="checkbox"/> 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 46 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Walter Kleiner		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006
Mailing Address 1725 89th Pl. N.E.		Transaction ID: 0302060035
City State Zip Code Clyde Hill WA 98004	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Walter Kleiner		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 1725 89th Pl. N.E.		Transaction ID: 031606003145
City State Zip Code Clyde Hill WA 98004	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Neal Kottke		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006
Mailing Address 155 North Harbor Drive		Transaction ID: 020106003118
City State Zip Code Chicago IL 60601-7389	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kottke Associates, LLC Occupation Self Employed		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00	

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 47 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Neal Kottke		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address 155 North Harbor Drive		Transaction ID: 0324060038
City State Zip Code Chicago IL 60601-7389	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Kottke Associates, LLC	Occupation Self Employed	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) B. Ernest Ledbetter		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2006
Mailing Address 3320 N.W. 122nd Street		Transaction ID: 02200600318
City State Zip Code Edmond OK 73013	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Ledbetter Insurance Agency	Occupation Insurance Agent	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Clarence Lieber		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2006
Mailing Address 3634 South 215th Street West		Transaction ID: 02200600315
City State Zip Code Goddard KS 67052-8963	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n.a.	Occupation retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Chuck Lien		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address P.O. Box 440		Transaction ID: 031606003109	
City State Zip Code Rapid City SD 57709-0440	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Pete Lien and Sons Inc.	Occupation Bus Exec		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Chuck Lien		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006	
Mailing Address P.O. Box 440		Transaction ID: 02010600317	
City State Zip Code Rapid City SD 57709-0440	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Pete Lien and Sons Inc.	Occupation Bus Exec		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. John Lowney		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2006	
Mailing Address 65 Ranch Road		Transaction ID: 02090600327	
City State Zip Code Woodside CA 94062-4809	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer N/A	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
Lanning Macfarland

Mailing Address 415 North State St.

City Chicago State IL Zip Code 60610

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

Name of Employer Law Bulletin Publishing Co. Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: 020106003105

Amount of Each Receipt this Period
 200.00

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

B. Full Name (Last, First, Middle Initial)
Lanning Macfarland

Mailing Address 415 North State St.

City Chicago State IL Zip Code 60610

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

Name of Employer Law Bulletin Publishing Co. Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 4 / 2 0 0 6

Transaction ID: 03240600376

Amount of Each Receipt this Period
 100.00

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

C. Full Name (Last, First, Middle Initial)
Susan Mann

Mailing Address 10751 E Caribbean Ln

City Scottsdale State AZ Zip Code 85255

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

Name of Employer n.a. 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
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 03300600324

Amount of Each Receipt this Period
 250.00

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

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 50 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. John Marshall		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 8787 Bay Colony Drive Apt 503		Transaction ID: 02010600396
City Naples	State FL	Zip Code 34108-0782
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer NONE	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Robert Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 16 Deerfield Ave.		Transaction ID: 01270600324
City Eastchester	State NY	Zip Code 10709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer n.a.	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Robert Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 16 Deerfield Ave.		Transaction ID: 03160600396
City Eastchester	State NY	Zip Code 10709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer n.a.	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. David Mason		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 170 Dickens Road		Transaction ID: 0330060038	
City State Zip Code Northfield IL 60093	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer info requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation info requested Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Donald Mason		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 3621 Whippoorwill Blvd.		Transaction ID: 03070600318	
City State Zip Code Punta Gorda FL 33950	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Conrad Masterson		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2006	
Mailing Address 3307 Virginia Street		Transaction ID: 020906003161	
City State Zip Code Houston TX 77098	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Nanotechnology Foundation of T Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Election Cycle-to-Date ▼ 1000.00		

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 52 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
Conrad Masterson

Mailing Address 3307 Virginia Street

City State Zip Code
Houston TX 77098

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

Name of Employer Occupation
Nanotechnology Foundation of T Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: 020106003107

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Ronnie Matthews

Mailing Address 101 Saddlebrook Lane

City State Zip Code
Tomball TX 77375-3268

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

Name of Employer Occupation
Self Realtor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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

Transaction ID: 031606003130

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
John Mc Lean

Mailing Address 106 Shoreline Drive

City State Zip Code
Hilton Head Island SC 29928-7141

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

Name of Employer Occupation
Ford Motor Company retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

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

Transaction ID: 0201060032

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. John Mc Lean		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 106 Shoreline Drive		Transaction ID: 03160600382
City State Zip Code Hilton Head Island SC 29928-7141	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Ford Motor Company retired	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Neil McDaniel		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2006
Mailing Address 3 Valley High		Transaction ID: 01260600321
City State Zip Code Lafayette CA 94549-2418	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Property Management	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Sara McIntire		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006
Mailing Address 4519 Wood Duck Ave.		Transaction ID: 02010600341
City State Zip Code Juneau AK 99801	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation retired retired	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

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 54 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. H. Kent Mergler		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address 3980 S.E. Old Saint Lucie Blvd.		Transaction ID: 03240600357
City State Zip Code Stuart FL 34996-5119	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Northstar Capital Management	Occupation Investor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Thomas Miller		Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2006
Mailing Address 3635 Beverly Drive		Transaction ID: 02020600311
City State Zip Code Dallas TX 75205	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n.a.	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. George Mitchell		Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2006
Mailing Address 700 South Smith Drive		Transaction ID: 0202060036
City State Zip Code Quarryville PA 17566-1358	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Private Investor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Richard E. Monnier		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address P. O. Box 8323		Transaction ID: 03070600117
City State Zip Code Incline Village NV 89452	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation Retired	Election Cycle-to-Date 350.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Robert Morris		Date of Receipt M M / D D / Y Y Y Y 01 / 27 / 2006
Mailing Address 98 Riverside Avenue		Transaction ID: 01270600330
City State Zip Code Riverside CT 06878-1619	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer O'Connor, Davies, Munns, & Dobbins, LL Occupation CPA	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. Tom Morris		Date of Receipt M M / D D / Y Y Y Y 01 / 06 / 2006
Mailing Address 890 Maplewood Dr.		Transaction ID: 0106060013
City State Zip Code Reno NV 89509	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Nevada Hearing Specialists Occupation Audiologist	Election Cycle-to-Date 1500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Richard Morrow		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 200 E. Randolph #6952		Transaction ID: 03240600323	
City Chicago	State IL	Amount of Each Receipt this Period 1600.00	
Zip Code 60601		<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 n.a.	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

Full Name (Last, First, Middle Initial) B. Ronald Muhlenkamp		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address Suite 300		Transaction ID: 0324060039	
City Wexford	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 15090-8395		<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 Muhlenkamp and Company, Inc.		Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Coralee Nakamura		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006	
Mailing Address 4160 Autumn Hills Dr.		Transaction ID: 0201060011	
City Winnamucca	State NV	Amount of Each Receipt this Period 200.00	
Zip Code 89445		<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		Occupation Housewife	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) ▶	2800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial) David Napier		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006
Mailing Address 650 Goodhill Road		Transaction ID: 03300600319
City State Zip Code Kentfield CA 94904	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 500.00	

B. Full Name (Last, First, Middle Initial) Douglas Neff		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2006
Mailing Address 19800 MacArthur Boulevard Suite 70		Transaction ID: 02230600326
City State Zip Code Irvine CA 92612	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer IHP Capital Partners Occupation Investment Management	Election Cycle-to-Date ▼ 600.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 600.00	

C. Full Name (Last, First, Middle Initial) Walter Nelson		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 60 Kirby Ln.		Transaction ID: 03070600326
City State Zip Code Rye NY 10580-4308	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer info requested Occupation info requested	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 250.00	

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. James Nicholas		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 3103 Manhattan Ln SE		Transaction ID: 031606003293
City State Zip Code Grand Rapids MI 49506-2015	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Robert O'Berg		Date of Receipt M M / D D / Y Y Y Y 01 / 06 / 2006
Mailing Address 1531 Saltbush Ct.		Transaction ID: 0106060014
City State Zip Code Gardnerville NV 89410	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Thomas O'Donnell		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006
Mailing Address 2165 Gulf of Mexico Dr. #141		Transaction ID: 020106003141
City State Zip Code Longboat Key FL 34228	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer retired Occupation Private Investor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

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 59 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial) Ray Oden		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 702 Thora Boulevard		Transaction ID: 02010600397
City State Zip Code Shreveport LA 71106-1824	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n.a.	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Glenn Olbum		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 5251 Fair Oaks Street		Transaction ID: 031606003160
City State Zip Code Pittsburgh PA 15217	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer info requested	Occupation info requested	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00	

C. Full Name (Last, First, Middle Initial) James Patterson		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 10000 Shelbyville Road Suite 100		Transaction ID: 031606003131
City State Zip Code Louisville KY 40223	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Investor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1570.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Lovett Peters		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 81 Old Orchard Road		Transaction ID: 02010600362	
City State Zip Code Chestnut Hill MA 02467-1213		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Pioneer Institute for Public Policy	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Ralph Peterson		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address 5000 Stonewood Drive P.O. Box 2073		Transaction ID: 031606003111	
City State Zip Code La Mesa CA 91941		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a	Occupation retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. George Petoulakis		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 3228 Allan Adale Drive		Transaction ID: 02150600327	
City State Zip Code Modesto CA 95355		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self-employed	Occupation attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

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

Mailing Address 121 Mine Rd

City Malvern State PA Zip Code 19355-9656

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

Name of Employer N/A Occupation Retired

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
03 / 16 / 2006

Transaction ID: 031606003198

Amount of Each Receipt this Period
750.00

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

B. Full Name (Last, First, Middle Initial)
Jim Pittman

Mailing Address 5737 Old US Highway 395N

City Carson City State NV Zip Code 89704

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

Name of Employer n/a Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: 0301060012

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
John Popp

Mailing Address 12316 Aboite Center Road

City Fort Wayne State IN Zip Code 46814

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

Name of Employer Perfection Bakeries Inc. Occupation Businessman Owner

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
02 / 15 / 2006

Transaction ID: 02150600346

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	1100.00
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 62 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Malcolm Powell		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 1127 Maple Lane		Transaction ID: 03070600327	
City State Zip Code Calistoga CA 94515	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired	Election Cycle-to-Date ▼ 400.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Malcolm Powell		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006	
Mailing Address 1127 Maple Lane		Transaction ID: 020106003119	
City State Zip Code Calistoga CA 94515	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired	Election Cycle-to-Date ▼ 400.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. James Reed		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 213 Lewis Lane #306		Transaction ID: 031606003272	
City State Zip Code Newport KY 41071	Amount of Each Receipt this Period 134.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired	Election Cycle-to-Date ▼ 225.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	334.00
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 63 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Thomas Reifenheiser		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 9 Watchtower Road		Transaction ID: 031606003227
City Darien	State CT	Zip Code 06820
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Retired	Occupation n.a.	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. Gleaves Rhodes		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address 215 Lexington 4 th Floor		Transaction ID: 03240600360
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer n.a.	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. John Ricketts		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address P.O. Box 320		Transaction ID: 03240600356
City Bondurant	State WY	Zip Code 82922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ameritrade	Occupation Chairman and Founder	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2625.00
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 64 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

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

Mailing Address 835 San Rafael Street

City State Zip Code
Davis CA 95616

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

Name of Employer Occupation
Rabbit Semiconductor CTO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: 03160600362

Amount of Each Receipt this Period
900.00

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

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

Mailing Address 835 San Rafael Street

City State Zip Code
Davis CA 95616

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

Name of Employer Occupation
Rabbit Semiconductor CTO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2006

Transaction ID: 01270600339

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Leslie Rose

Mailing Address 330 South Ocean Blvd. Apt. 3B

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
n.a. Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: 03160600392

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	2400.00
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 65 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Sheldon Rose		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address PO Box 9070		Transaction ID: 03160600351	
City Farmington Hills	State MI	Zip Code 48333-9070	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Self-Employed	Occupation Investor	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1100.00			

Full Name (Last, First, Middle Initial) B. Sheldon Rose		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2006	
Mailing Address PO Box 9070		Transaction ID: 0201060038	
City Farmington Hills	State MI	Zip Code 48333-9070	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Self-Employed	Occupation Investor	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1100.00			

Full Name (Last, First, Middle Initial) C. Ms. Marilyn Rusk		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 4205 Old US Highway 395 N		Transaction ID: 0322060011	
City Carson City	State NV	Zip Code 89704-9520	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Self	Occupation Hay Rancher	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Anthony Ryan		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address PO Box 1051		Transaction ID: 031606003179
City State Zip Code White River Juncti VT 05001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation Retired	Election Cycle-to-Date 700.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Fred Sacher		Date of Receipt M M / D D / Y Y Y Y 02 / 02 / 2006
Mailing Address 14829 Stinson Dr		Transaction ID: 0202060033
City State Zip Code Grass Valley CA 95949-6719	Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Investments	Election Cycle-to-Date 1100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Paul Schier		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2006
Mailing Address 2413 Hazelwood Ln.		Transaction ID: 02150600315
City State Zip Code Green Bay WI 54304	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired	Election Cycle-to-Date 1500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	2600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial) Dennis Schiffel Mailing Address 3038 Red Arrow Drive City Las Vegas State NV Zip Code 89135 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006 Transaction ID: 03070600115 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation None Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial) Paul Schilling Mailing Address P.O. Box 795 City Carefree State AZ Zip Code 85377-0795 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006 Transaction ID: 031606003202 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial) Paul Schilling Mailing Address P.O. Box 795 City Carefree State AZ Zip Code 85377-0795 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2006 Transaction ID: 01260600328 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	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 68 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial) Fredric Schluter Mailing Address 660 Pheasant Ridge Rd. City Lewisburg State PA Zip Code 17837 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006 Transaction ID: 03240600333 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

B. Full Name (Last, First, Middle Initial) Fredric Schluter Mailing Address 660 Pheasant Ridge Rd. City Lewisburg State PA Zip Code 17837 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2006 Transaction ID: 02090600324 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

C. Full Name (Last, First, Middle Initial) David K. Schumann Mailing Address P. O. Box 10621 City Reno State NV Zip Code 89510 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006 Transaction ID: 0322060015 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Info Requested Occupation Info Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial) Mark Selko		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 510 Stonewood Dr		Transaction ID: 03070600333	
City State Zip Code Beverly Hills CA 90210-2544	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Howard Selland		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 28 Via Tiberius Way		Transaction ID: 03010600113	
City State Zip Code Henderson NV 89011	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) William Sherrill		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2006	
Mailing Address P.O. Box 14838		Transaction ID: 02150600310	
City State Zip Code Augusta GA 30919-0838	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer info requested Occupation info requested	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 70 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Abe Siemens		Date of Receipt MM / DD / YYYY 03 / 03 / 2006
Mailing Address 47 Princeton Drive		Transaction ID: 0303060015
City Rancho Mirage	State CA	Zip Code 92270
FEC ID number of contributing federal political committee.	C	
Name of Employer Self	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	Amount of Each Receipt this Period 250.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. J. Simon		Date of Receipt MM / DD / YYYY 02 / 09 / 2006
Mailing Address 310 South St.		Transaction ID: 02090600318
City Morristown	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee.	C	
Name of Employer William E. Simon + Sons	Occupation Investment Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	Amount of Each Receipt this Period 250.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. Donn Simons		Date of Receipt MM / DD / YYYY 02 / 11 / 2006
Mailing Address 2511 Simons Ct.		Transaction ID: 0211060018
City Carson City	State NV	Zip Code 89703
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	Amount of Each Receipt this Period 150.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. John Singleton		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address 10509 Adel Road		Transaction ID: 02090600388	
City State Zip Code Oakton VA 22124-1605	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation InovaHealth Systems Healthcare Manager	Election Cycle-to-Date 400.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. John Singleton		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address 10509 Adel Road		Transaction ID: 03240600314	
City State Zip Code Oakton VA 22124-1605	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation InovaHealth Systems Healthcare Manager	Election Cycle-to-Date 400.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Kip W. Smith		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address 725 S Hualapai Way #2130		Transaction ID: 03070600113	
City State Zip Code Las Vegas NV 89145	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation U. S. Department of Commerce Meteorologist	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	650.00
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 72 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Merrill Smith		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6
Mailing Address 1309 Independence Ave SE		Transaction ID: 01270600340
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Editor	Occupation U.S. Committee for Refugees an	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. William Smith		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address PO Box 808		Transaction ID: 020906003119
City State Zip Code New Castle NH 03854	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n.a.	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Theodore Stanley		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 432 Frogtown Road		Transaction ID: 03070600325
City State Zip Code New Canaan CT 06840	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer MBI, Inc.	Occupation Business Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1950.00
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 73 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

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

Mailing Address 2025 Lambert Ct.

City State Zip Code
Plano TX 75075

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

Name of Employer Info Requested Occupation Info Requested

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
0 2 / 0 4 / 2 0 0 6

Transaction ID: 0204060013

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Hollis Taylor

Mailing Address 10398 Adamcik Road

City State Zip Code
Weimar TX 78962-5000

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

Name of Employer Self Occupation Rancher

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
0 3 / 1 6 / 2 0 0 6

Transaction ID: 031606003174

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Joe Thurman

Mailing Address P. O. Box 6581

City State Zip Code
Pahrump NV 89041

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

Name of Employer n/a 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
0 2 / 1 3 / 2 0 0 6

Transaction ID: 0213060012

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	1300.00
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 74 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Larry Ulvestad		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address 1921 Catalina Street		Transaction ID: 01260600315
City State Zip Code Laguna Beach CA 92651	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n.a.	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Donald Van Wart		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 820 Gessner Rd., Ste 1320		Transaction ID: 0302060034
City State Zip Code Houston TX 77024	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Great Southern Life	Occupation Life Underwriter	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Richard Viguerie		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address 9625 Surveyor Court Ste 400		Transaction ID: 01260600333
City State Zip Code Manassas VA 20110-4408	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer American Target Advertising, Inc.	Occupation Chairman	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
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 75 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Joseph C. T. Wang		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6
Mailing Address 5509 Singing Hills Dr.		Transaction ID: 0218060011
City State Zip Code Las Vegas NV 89130-0108	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation USAF Manager, F-22 Test Program		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Rawleigh Warner		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 40 Wall Street -62nd Floor		Transaction ID: 02150600328
City State Zip Code New York NY 10005	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation n.a. Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Philip Warth		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 2957 Independence Avenue		Transaction ID: 020906003158
City State Zip Code Glenview IL 60026	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation self manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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 76 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. John Waters		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 5055 West Bristol Road		Transaction ID: 0202060037
City State Zip Code Flint MI 48507	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer kdhc Occupation physician	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dean Webster		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 215 Kings Hwy.		Transaction ID: 0209060037
City State Zip Code Kennebunkport ME 04046-7270	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation Retired	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Don E. Weir		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 700 Kietzke Lane		Transaction ID: 0110060017
City State Zip Code Reno NV 89502	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Car Dealer	Election Cycle-to-Date ▼ 1500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 77 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Roger Wellington		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 140 Garrison Lane		Transaction ID: 02020600310	
City State Zip Code Osterville MA 02655		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Roger Wellington		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address 140 Garrison Lane		Transaction ID: 03240600313	
City State Zip Code Osterville MA 02655		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n.a. Occupation Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Lelan Whitmire		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6	
Mailing Address 601 Brookwood Lane		Transaction ID: 03020600310	
City State Zip Code Goldsboro NC 27534		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation medical			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

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

Mailing Address 2769 N. Summit Ave.

City State Zip Code
Milwaukee WI 53211

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

Name of Employer self employed Occupation
broker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2006

Transaction ID: 01260600323

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 2769 N. Summit Ave.

City State Zip Code
Milwaukee WI 53211

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

Name of Employer self employed Occupation
broker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2006

Transaction ID: 0308060037

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Verne Willaman

Mailing Address 1535 Wild Rye Way

City State Zip Code
Arroyo Grande CA 93420-4935

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

Name of Employer n.a. Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 020906003142

Amount of Each Receipt this Period
500.00

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

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 79 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. George Wilson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 50878 Babel Slough Rd.		Transaction ID: 02010600338	
City Clarksburg	State CA	Amount of Each Receipt this Period 200.00	
Zip Code 95612-5021		<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 Wilson Farms	Occupation farmer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. George Wilson		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address 50878 Babel Slough Rd.		Transaction ID: 03160600374	
City Clarksburg	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 95612-5021		<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 Wilson Farms	Occupation farmer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Betty Wolfe		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 1600 Texas St. Apt. 1611		Transaction ID: 02270600310	
City Fort Worth	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 76102		<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 n.a.	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 103
	<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Mr. Dick Worthen		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 125 Worthen Circle		Transaction ID: 0210060012	
City State Zip Code Las Vegas NV 89145	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation Retired	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Robert Zadek		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 108 Spencer Avenue Suite 2500		Transaction ID: 02150600387	
City State Zip Code Sausalito CA 94965	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer L.O. Annie Inc. Occupation President	Election Cycle-to-Date 350.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Robert Zadek		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address 108 Spencer Avenue Suite 2500		Transaction ID: 031606003250	
City State Zip Code Sausalito CA 94965	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer L.O. Annie Inc. Occupation President	Election Cycle-to-Date 350.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	95505.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 103
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
REPUBLICAN NATIONAL COALITION FOR LIFE POLITICAL ACTION COMMITTEE (RNC/LIFE PAC)

Mailing Address PO Box 618

City State Zip Code
Alton IL 62002

FEC ID number of contributing federal political committee. **C** C00255406

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
0 2 / 2 3 / 2 0 0 6

Transaction ID: 02230600112

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
U.S. Immigration Reform PAC

Mailing Address P. O. Box 12024

City State Zip Code
Arlington VA 22219

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
M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 6

Transaction ID: 0310060016

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	1500.00

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

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

FOR LINE NUMBER: PAGE 82 / 103
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
Great Basin Federal Credit Union
Mailing Address 9770 S. Virginia St.
City State Zip Code
Reno NV 89511
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
810.08

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6
Transaction ID: 126R
Amount of Each Receipt this Period
11.69
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Great Basin Federal Credit Union
Mailing Address 9770 S. Virginia St.
City State Zip Code
Reno NV 89511
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
810.08

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6
Transaction ID: 127R
Amount of Each Receipt this Period
63.34
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address P. O. Box 25118
City State Zip Code
Tampa FL 33622
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
809.04

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 6
Transaction ID: 128R
Amount of Each Receipt this Period
179.25
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **254.28**
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 83 / 103
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial)
Great Basin Federal Credit Union

Mailing Address 9770 S. Virginia St.

City	State	Zip Code
Reno	NV	89511

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
810.08

Date of Receipt

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

Transaction ID: 129R

Amount of Each Receipt this Period
11.05

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

B. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address P. O. Box 25118

City	State	Zip Code
Tampa	FL	33622

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
809.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: 130R

Amount of Each Receipt this Period
404.79

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

SUBTOTAL of Receipts This Page (optional)	▶	415.84
TOTAL This Period (last page this line number only)	▶	670.12

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 127D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6	
Mailing Address P. O. Box 25118		Amount of Each Disbursement this Period 250.08	
City Tampa State FL Zip Code 33622	Purpose of Disbursement Credit Card Contributions Processing Fee Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 109D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 6	
Mailing Address P. O. Box 60017		Amount of Each Disbursement this Period 44.74	
City LOs Angeles State CA Zip Code 90060	Purpose of Disbursement Utilities: Wireless Telephone Service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 142D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address P. O. Box 60017		Amount of Each Disbursement this Period 52.37	
City LOs Angeles State CA Zip Code 90060	Purpose of Disbursement Utility: Wireless Telephone service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	347.19
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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Douglas County Republican Central Committee		Transaction ID: 120D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address P. O. Box 1032		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Gardnerville NV 89410	Purpose of Disbursement Candidate Appearance, Lincoln Day Dinner Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007

Full Name (Last, First, Middle Initial) B. Elko County Republican Party		Transaction ID: 150D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 1085 Idaho Street		Amount of Each Disbursement this Period 85.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Elko NV 89801	Purpose of Disbursement Candidate Appearance, Lincoln Day Dinner Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007

Full Name (Last, First, Middle Initial) C. Hammond & Associates		Transaction ID: 91D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 16021		Amount of Each Disbursement this Period 1000.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Alexandria VA 22302	Purpose of Disbursement Consulting: Fundraising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	1165.91
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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Hammond & Associates		Transaction ID: 134D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address P. O. Box 16021		Amount of Each Disbursement this Period 1024.23	
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Consulting: Fundraising	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 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) ▼		

Full Name (Last, First, Middle Initial) B. Hammond & Associates		Transaction ID: 152D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address P. O. Box 16021		Amount of Each Disbursement this Period 1002.92	
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Consulting: Fundraising	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 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) ▼		

Full Name (Last, First, Middle Initial) C. Humboldt County Republican Party		Transaction ID: 162D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6	
Mailing Address		Amount of Each Disbursement this Period 100.00	
City Winnemucca State NV Zip Code	Purpose of Disbursement Candidate Introduction Luncheon	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 007		
Office Sought: <input type="checkbox"/> House <input 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) ▶	2127.15
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial) Island Ink Jet Mailing Address 748 South Meadows Blvd. City Reno State NV Zip Code 89521 Purpose of Disbursement Office Supplies: Ink Jet cartrdg.Refills 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: 128D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 75.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Jerry Stacy Mailing Address PO Box 34132 City Reno State NV Zip Code 89533 Purpose of Disbursement Consulting: Public Relations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 89D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 7800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Jerry Stacy Mailing Address PO Box 34132 City Reno State NV Zip Code 89533 Purpose of Disbursement Reimburse Campgn Exp.: Prntr. Ink 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: 121D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 108.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	7984.21
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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Full Name (Last, First, Middle Initial) Jerry Stacy		Transaction ID: 137D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address PO Box 34132		Amount of Each Disbursement this Period 80.00	
City Reno State NV Zip Code 89533	Purpose of Disbursement Reimburse Candidate Appearance expense	Category/Type 007	
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) ▼		
B. Full Name (Last, First, Middle Initial) Jerry Stacy		Transaction ID: 138D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6	
Mailing Address PO Box 34132		Amount of Each Disbursement this Period 70.00	
City Reno State NV Zip Code 89533	Purpose of Disbursement Reimburse Candidate Appearance expense	Category/Type 007	
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) ▼		
C. Full Name (Last, First, Middle Initial) Jerry Stacy		Transaction ID: 140D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address PO Box 34132		Amount of Each Disbursement this Period 40.00	
City Reno State NV Zip Code 89533	Purpose of Disbursement Reimburse Candidate Appearance expense	Category/Type 007	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	190.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Lander County Republican Party		Transaction ID: 161D Date of Disbursement 02 / 25 / 2006
Mailing Address		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State	
Tonopah	NV	
Zip Code		
Purpose of Disbursement		007 Category/ Type
Candidate Introduction dinner		
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) B. MBNA America		Transaction ID: 124D Date of Disbursement 01 / 28 / 2006
Mailing Address P. O. Box 15288		Amount of Each Disbursement this Period 46.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State	
Wilmington	DE	
Zip Code		
Purpose of Disbursement		001 Category/ Type
Finance charge, late payment fee		
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) C. Molly Mills		Transaction ID: 131D Date of Disbursement 02 / 01 / 2006
Mailing Address 3886 Aspendale Ct.		Amount of Each Disbursement this Period 54.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City	State	
Reno	NV	
Zip Code		
Purpose of Disbursement		001 Category/ Type
Reimburse Offc.Sup.: copies,ink,file stg		
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional) ▶	131.76
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Molly Mills Full Name (Last, First, Middle Initial) Mailing Address 3886 Aspendale Ct. City Reno State NV Zip Code 89503 Purpose of Disbursement Reimburse Travel Expense: Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 132D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 25.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Nevada News Makers Full Name (Last, First, Middle Initial) Mailing Address Sam Shad Productions P. O. Box 10853 City Reno State NV Zip Code 89510 Purpose of Disbursement Advertising: Website link 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: 130D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Nevada Rubber Stamp Full Name (Last, First, Middle Initial) Mailing Address 1030 Matley Lane City Reno State NV Zip Code 89510 Purpose of Disbursement Candidate address stamps 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: 111D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 59.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	184.92
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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: 93D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address 2990 Northtowne Lane		Amount of Each Disbursement this Period 171.99	
City Reno State NV Zip Code 89512	Purpose of Disbursement Office Supplies: Printer Ink, paper 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) ▼		
Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 129D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6	
Mailing Address 2990 Northtowne Lane		Amount of Each Disbursement this Period 10.67	
City Reno State NV Zip Code 89512	Purpose of Disbursement Office Supplies: Copy paper 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) ▼		
Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 135D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6	
Mailing Address 2990 Northtowne Lane		Amount of Each Disbursement this Period 149.98	
City Reno State NV Zip Code 89512	Purpose of Disbursement Offc.Sup.: Thank you cards, pens 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	332.64
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 92 / 103

<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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: 145D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 2990 Northtowne Lane		Amount of Each Disbursement this Period 90.36	
City Reno State NV Zip Code 89512	Purpose of Disbursement Copies: Direct Mail soliciting material	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼		
Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 146D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 2990 Northtowne Lane		Amount of Each Disbursement this Period 99.25	
City Reno State NV Zip Code 89512	Purpose of Disbursement Offc.Sup.: Thank you cards, copy paper	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼		
Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 147D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 2990 Northtowne Lane		Amount of Each Disbursement this Period 21.08	
City Reno State NV Zip Code 89512	Purpose of Disbursement Copies: Candidate Appearance Announcement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 006		
Office Sought: <input type="checkbox"/> House <input 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) ▶	210.69
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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: 148D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 2990 Northtowne Lane		Amount of Each Disbursement this Period 118.04
City Reno State NV Zip Code 89512	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Offc.Sup.: Copy paper, Prntr/copier ink	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) ▼	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 149D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 2990 Northtowne Lane		Amount of Each Disbursement this Period 3.21
City Reno State NV Zip Code 89512	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Offc.Sup.: Number stamp	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) ▼	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 159D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 2990 Northtowne Lane		Amount of Each Disbursement this Period 27.97
City Reno State NV Zip Code 89512	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Offc.Supl.: Paper, pens & pen refills	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	149.22
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Pahrump Valley Republican Women's Club		Transaction ID: 164D Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2006
Mailing Address		Amount of Each Disbursement this Period 70.00
City Pahrump	State NV	
Purpose of Disbursement Candidate Introduction dinner	Category/ Type 007	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Pershing County Republican Party		Transaction ID: 163D Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2006
Mailing Address		Amount of Each Disbursement this Period 30.00
City Lovelock	State NV	
Purpose of Disbursement Candidate Introduction breakfast	Category/ Type 007	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Progress Pilgrims		Transaction ID: 90D Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2006
Mailing Address 3886 Aspendale Ct.		Amount of Each Disbursement this Period 2500.00
City Reno	State NV Zip Code 89503	
Purpose of Disbursement Consult.: Reports, Finances, Scheduling	Category/ Type 001	<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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Progress Pilgrims Full Name (Last, First, Middle Initial) Mailing Address 3886 Aspendale Ct. City Reno State NV Zip Code 89503 Purpose of Disbursement Consult.: Reports, Finances, Scheduling 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: 133D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Progress Pilgrims Full Name (Last, First, Middle Initial) Mailing Address 3886 Aspendale Ct. City Reno State NV Zip Code 89503 Purpose of Disbursement Consult.: Reports, Finances, Scheduling 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: 158D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Red Sea, LLC Full Name (Last, First, Middle Initial) Mailing Address 1111 19th Street, NW Suite 211 City Washington State DC Zip Code 20036 Purpose of Disbursement Consulting: Media 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: 92D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 5471.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	10471.87
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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. SBC Communications Inc.		Transaction ID: 102D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address P. O. Box 989045		Amount of Each Disbursement this Period 33.59
City West Sacramento State CA Zip Code 95798	Purpose of Disbursement Utilities: Telephone Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. SBC Communications Inc.		Transaction ID: 116D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address P. O. Box 989045		Amount of Each Disbursement this Period 35.74
City West Sacramento State CA Zip Code 95798	Purpose of Disbursement Utilities: Telephone service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. SBC Communications Inc.		Transaction ID: 141D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address P. O. Box 989045		Amount of Each Disbursement this Period 33.59
City West Sacramento State CA Zip Code 95798	Purpose of Disbursement Utility: Telephone service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	102.92
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Sharron Angle		Transaction ID: 105D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6	
Mailing Address 1802 Rainbow Ridge Rd.		Amount of Each Disbursement this Period 13.95	
City Reno State NV Zip Code 89523	Purpose of Disbursement Utilities: Internet Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼		

Full Name (Last, First, Middle Initial) B. Sharron Angle		Transaction ID: 106D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 1802 Rainbow Ridge Rd.		Amount of Each Disbursement this Period 93.88	
City Reno State NV Zip Code 89523	Purpose of Disbursement Reimburse auto travel fuel expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002		
Office Sought: <input type="checkbox"/> House <input 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. Sharron Angle		Transaction ID: 107D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6	
Mailing Address 1802 Rainbow Ridge Rd.		Amount of Each Disbursement this Period 23.45	
City Reno State NV Zip Code 89523	Purpose of Disbursement Reimburse travel meal expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002		
Office Sought: <input type="checkbox"/> House <input 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) ▶	131.28
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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Sharron Angle		Transaction ID: 108D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 1802 Rainbow Ridge Rd.		Amount of Each Disbursement this Period 43.93
City Reno State NV Zip Code 89523	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimburse travel lodging expense Candidate Name		Category/Type 002
Office Sought: <input type="checkbox"/> House <input 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. Sierra Nevada Republican Women's Club		Transaction ID: 165D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 40.00
City Minden State NV Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Candidate Introduction dinner Candidate Name		Category/Type 007
Office Sought: <input type="checkbox"/> House <input 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. Southwest Airlines		Transaction ID: 101D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address www.southwest.com P. O. Box 36647-1CR		Amount of Each Disbursement this Period 223.60
City Dallas State TX Zip Code 75235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Air Travel Reservations Candidate Name		Category/Type 002
Office Sought: <input type="checkbox"/> House <input 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) ▶	307.53
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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Transaction ID: 110D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address www.southwest.com P. O. Box 36647-1CR		Amount of Each Disbursement this Period 333.20
City Dallas State TX Zip Code 75235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Air Travel Reservation		Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: 123D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 6
Mailing Address www.southwest.com P. O. Box 36647-1CR		Amount of Each Disbursement this Period 82.00
City Dallas State TX Zip Code 75235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Air Travel reservation		Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Transaction ID: 153D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address www.southwest.com P. O. Box 36647-1CR		Amount of Each Disbursement this Period 235.60
City Dallas State TX Zip Code 75235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Air Travel Reservation		Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	650.80
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

A. Staples, Inc. Full Name (Last, First, Middle Initial) Mailing Address www.staples.com 915 Jacks Valley Rd. City Carson City State NV Zip Code 89705 Purpose of Disbursement Office Supplies: Printer & stamp pad Ink 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: 122D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 103.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address Peavine Station City Reno State NV Zip Code 89523 Purpose of Disbursement Postage: Thank you card mailings 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: 103D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 195.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. United States Postal Service Full Name (Last, First, Middle Initial) Mailing Address Peavine Station City Reno State NV Zip Code 89523 Purpose of Disbursement Postage: Campaign materials mailing 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: 113D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 13.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	312.43
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: 114D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address Peavine Station		Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Reno State NV Zip Code 89523	Purpose of Disbursement Postage: Thank you note mailings Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: 115D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address Peavine Station		Amount of Each Disbursement this Period 74.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Reno State NV Zip Code 89523	Purpose of Disbursement Postage: Thank you note mailings Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: 136D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6
Mailing Address Peavine Station		Amount of Each Disbursement this Period 156.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Reno State NV Zip Code 89523	Purpose of Disbursement Postage: Thank you card mailings Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	269.10
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: 139D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address Peavine Station		Amount of Each Disbursement this Period 5.83
City Reno State NV Zip Code 89523	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage: Campaign mailing 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) ▼	
Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: 143D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address Peavine Station		Amount of Each Disbursement this Period 93.60
City Reno State NV Zip Code 89523	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage: Thank you note mailings 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) ▼	
Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: 144D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address Peavine Station		Amount of Each Disbursement this Period 18.06
City Reno State NV Zip Code 89523	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage: Campaign materials mailing 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

117.49

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

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

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

FOR LINE NUMBER:
(check only one)

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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)
SHARRON ANGLE YOUR VOICE IN CONGRESS

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: 151D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address Peavine Station		Amount of Each Disbursement this Period 364.35	
City Reno State NV Zip Code 89523	Purpose of Disbursement Postage: Bulk Direct Fundraising mailing Candidate Name	003 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) ▼		

SUBTOTAL of Disbursements This Page (optional)	364.35
TOTAL This Period (last page this line number only)	28151.46