

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than 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

The Bob Barr Leadership Fund

ADDRESS (number and street)

4401 Northside Parkway, Ste. 100

☒ XCheck if different
than previously
reported. (ACC)

Atlanta

GA

30327

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00340190

3. IS THIS
REPORT☒ XNEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒ XJuly 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

06

30

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

Paul Kilgore

Signature of Treasurer

Electronically Filed by Paul Kilgore

Date

07

10

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.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
The Bob Barr Leadership Fund

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		86962.98
(b) Cash on Hand at Beginning of Reporting Period	105087.77	
(c) Total Receipts (from Line 19)	282319.17	442520.24
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	387406.94	529483.22
7. Total Disbursements (from Line 31)	281100.83	423177.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	106306.11	106306.11
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	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

The Bob Barr Leadership Fund

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	123616.00	177216.15
(i) Itemized (use Schedule A)		
(ii) Unitemized	146581.92	245379.41
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	270197.92	422595.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	270197.92	422595.56
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	12121.25	19924.68
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	282319.17	442520.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	282319.17	442520.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	256127.83	388204.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	256127.83	388204.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	5500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	14973.00	14973.00
(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 28(a), (b), and (c))	14973.00	14973.00
29. Other Disbursements.....	8500.00	14500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	281100.83	423177.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	281100.83	423177.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	270197.92	422595.56
34. Total Contribution Refunds (from Line 28(d))	14973.00	14973.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	255224.92	407622.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	256127.83	388204.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	256127.83	388204.11

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

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

FOR LINE NUMBER: PAGE 6 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

The Bob Barr Leadership Fund

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

Rusty Adams

Mailing Address 1500 Willow Oak Place

City State Zip Code
 Elberton GA 30635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 60710.C106018

Amount of Each Receipt this Period

500.00

Receipt

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

Ann Alexander

Mailing Address 2644 Atoka Road

City State Zip Code
 Marshall VA 20115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Estate Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102197

Amount of Each Receipt this Period

200.00

Receipt

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

Juanita Alexander

Mailing Address 2724 Alcazar Street NE

City State Zip Code
 Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99325

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Juanita Alexander

Mailing Address 2724 Alcazar Street NE

City State Zip Code
 Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C99982

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

B. Juanita Alexander

Mailing Address 2724 Alcazar Street NE

City State Zip Code
 Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100736

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

C. Juanita Alexander

Mailing Address 2724 Alcazar Street NE

City State Zip Code
 Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 6 / 2 0 0 6

Transaction ID: 60608.C101036

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Juanita Alexander

Mailing Address 2724 Alcazar Street NE

City	State	Zip Code
Albuquerque	NM	87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	6

Transaction ID: 60608.C102046

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

B. Juanita Alexander

Mailing Address 2724 Alcazar Street NE

City	State	Zip Code
Albuquerque	NM	87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	6

Transaction ID: 60608.C101838

Amount of Each Receipt this Period

30.00

Receipt

Full Name (Last, First, Middle Initial)

C. Juanita Alexander

Mailing Address 2724 Alcazar Street NE

City	State	Zip Code
Albuquerque	NM	87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	0	6

Transaction ID: 60608.C102687

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Juanita Alexander

Mailing Address 2724 Alcazar Street NE

City State Zip Code
 Albuquerque NM 87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: 60710.C104147

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

B. Bernyce Anderson

Mailing Address 4102 Fairway Drive

City State Zip Code
 Springdale AR 72764

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98733

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

C. Bernyce Anderson

Mailing Address 4102 Fairway Drive

City State Zip Code
 Springdale AR 72764

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 60608.C100973

Amount of Each Receipt this Period

15.00

Receipt

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Bernyce Anderson
Mailing Address 4102 Fairway Drive

City State Zip Code
Springdale AR 72764

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 60608.C100898

Amount of Each Receipt this Period

10.00

Receipt

B. Full Name (Last, First, Middle Initial)
Bernyce Anderson
Mailing Address 4102 Fairway Drive

City State Zip Code
Springdale AR 72764

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101943

Amount of Each Receipt this Period

10.00

Receipt

C. Full Name (Last, First, Middle Initial)
Bernyce Anderson
Mailing Address 4102 Fairway Drive

City State Zip Code
Springdale AR 72764

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102142

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Bernyce Anderson Mailing Address 4102 Fairway Drive City Springdale State AR Zip Code 72764 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: 60608.C103461 Amount of Each Receipt this Period 35.00 Receipt
B. Full Name (Last, First, Middle Initial) Dana Anderson Mailing Address 401 Wilshire Blvd. Ste. 700 City Santa Monica State CA Zip Code 90401 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: 60608.C99604 Amount of Each Receipt this Period 200.00 Receipt
C. Full Name (Last, First, Middle Initial) Agnes Annen Mailing Address 705 Taylor Street City Mount Angel State OR Zip Code 97362 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 65.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6 Transaction ID: 60414.C98811 Amount of Each Receipt this Period 35.00 Receipt

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Agnes Annen

Mailing Address 705 Taylor Street

City State Zip Code
 Mount Angel OR 97362

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: 60414.C98832

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

B. Agnes Annen

Mailing Address 705 Taylor Street

City State Zip Code
 Mount Angel OR 97362

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99465

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

C. Agnes Annen

Mailing Address 705 Taylor Street

City State Zip Code
 Mount Angel OR 97362

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101862

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Agnes Annen

Mailing Address 705 Taylor Street

City State Zip Code
 Mount Angel OR 97362

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: 60608.C102618

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

B. Agnes Annen

Mailing Address 705 Taylor Street

City State Zip Code
 Mount Angel OR 97362

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: 60608.C103029

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

C. Agnes Annen

Mailing Address 705 Taylor Street

City State Zip Code
 Mount Angel OR 97362

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: 60710.C104506

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Agnes Annen

Mailing Address 705 Taylor Street

City State Zip Code
 Mount Angel OR 97362

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

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

Transaction ID: 60710.C105806

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

B. Charlotte Arbogast

Mailing Address 22 Saint Peter Circle

City State Zip Code
 Lititz PA 17543

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100733

Amount of Each Receipt this Period

300.00

Receipt

Full Name (Last, First, Middle Initial)

C. Charlotte Arbogast

Mailing Address 22 Saint Peter Circle

City State Zip Code
 Lititz PA 17543

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 60608.C103317

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

635.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Elliot Baines		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 360 Indian Harbor Road		Transaction ID: 60608.C101791
City Vero Beach	State FL	Zip Code 32960
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2363.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5513.00	

B. Full Name (Last, First, Middle Initial) Ann Baker		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 19191 Harvard Ave. Apt. 159D		Transaction ID: 60608.C101864
City Irvine	State CA	Zip Code 92612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Ann Baker		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 19191 Harvard Ave. Apt. 159D		Transaction ID: 60710.C103827
City Irvine	State CA	Zip Code 92612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)

2613.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Alice Banderet

Mailing Address 901 Seminole Blvd Apt 159

City State Zip Code
 Largo FL 33770

FEC ID number of contributing federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101597

Amount of Each Receipt this Period

150.00

Receipt

Full Name (Last, First, Middle Initial)

B. Alice Banderet

Mailing Address 901 Seminole Blvd Apt 159

City State Zip Code
 Largo FL 33770

FEC ID number of contributing federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

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

Transaction ID: 60710.C105103

Amount of Each Receipt this Period

75.00

Receipt

Full Name (Last, First, Middle Initial)

C. George Benesch

Mailing Address PO Box 101558

City State Zip Code
 Anchorage AK 99510

FEC ID number of contributing federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 60608.C100918

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
George Benesch
Mailing Address PO Box 101558

City State Zip Code
Anchorage AK 99510

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: 60608.C101180

Amount of Each Receipt this Period

1200.00

Receipt

B. Full Name (Last, First, Middle Initial)
George Benesch
Mailing Address PO Box 101558

City State Zip Code
Anchorage AK 99510

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 6

Transaction ID: 60608.C102632

Amount of Each Receipt this Period

2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
George Benesch
Mailing Address PO Box 101558

City State Zip Code
Anchorage AK 99510

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 6

Transaction ID: 60608.C102717

Amount of Each Receipt this Period

1800.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
George Benesch
Mailing Address PO Box 101558

City State Zip Code
Anchorage AK 99510

FEC ID number of contributing
federal political committee.**C**Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8500.00

Date of Receipt

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

Transaction ID: 60608.C103550

Amount of Each Receipt this Period

1400.00

Receipt

B. Full Name (Last, First, Middle Initial)
George Benesch
Mailing Address PO Box 101558

City State Zip Code
Anchorage AK 99510

FEC ID number of contributing
federal political committee.**C**Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9900.00

Date of Receipt

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

Transaction ID: 60608.C103271

Amount of Each Receipt this Period

1400.00

Receipt

C. Full Name (Last, First, Middle Initial)
George Benesch
Mailing Address PO Box 101558

City State Zip Code
Anchorage AK 99510

FEC ID number of contributing
federal political committee.**C**Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10260.00

Date of Receipt

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

Transaction ID: 60710.C105311

Amount of Each Receipt this Period

360.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3160.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Anne Berlew Mailing Address 9935 3rd Ave Shore Towers # D 5 City State Zip Code Brooklyn NY 11209 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00		Date of Receipt MM / DD / YYYY 04 / 26 / 2006 Transaction ID: 60608.C99611 Amount of Each Receipt this Period 175.00 Receipt
B. Full Name (Last, First, Middle Initial) Anne Berlew Mailing Address 9935 3rd Ave Shore Towers # D 5 City State Zip Code Brooklyn NY 11209 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 663.00		Date of Receipt MM / DD / YYYY 05 / 08 / 2006 Transaction ID: 60608.C100640 Amount of Each Receipt this Period 75.00 Receipt
C. Full Name (Last, First, Middle Initial) William Bias Mailing Address 16096 County Road 2 City State Zip Code Scottdown OH 45678-9027 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 181.00		Date of Receipt MM / DD / YYYY 04 / 20 / 2006 Transaction ID: 60608.C98936 Amount of Each Receipt this Period 53.00 Receipt
SUBTOTAL of Receipts This Page (optional) ▶		303.00
TOTAL This Period (last page this line number only) ▶		

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

William Bias

Mailing Address 16096 County Road 2

City State Zip Code
 Scottown OH 45678-9027

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 5 / 2 0 0 6

Transaction ID: 60608.C100414

Amount of Each Receipt this Period

53.00

Receipt

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

William Bias

Mailing Address 16096 County Road 2

City State Zip Code
 Scottown OH 45678-9027

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101255

Amount of Each Receipt this Period

53.00

Receipt

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

William Bias

Mailing Address 16096 County Road 2

City State Zip Code
 Scottown OH 45678-9027

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 60608.C103362

Amount of Each Receipt this Period

53.00

Receipt

SUBTOTAL of Receipts This Page (optional)

159.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Mary Bisette			Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 2542 Virginia Road			Transaction ID: 60608.C99124	
City State Zip Code Edenton NC 27932		Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer None		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 185.00		
B. Full Name (Last, First, Middle Initial) Mary Bisette			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address 2542 Virginia Road			Transaction ID: 60608.C101396	
City State Zip Code Edenton NC 27932		Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer None		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.00		
C. Full Name (Last, First, Middle Initial) Wesley Blasjo			Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 14130 Descanso Drive			Transaction ID: 60608.C99425	
City State Zip Code Perris CA 92570		Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer None		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Jack Blocker Mailing Address 900 N Taylor Street Apt. 917 City State Zip Code Arlington VA 22203 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>150.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>04 / 14 / 2006</div> Transaction ID: 60414.C98905 Amount of Each Receipt this Period <div>50.00</div> Receipt
B. Full Name (Last, First, Middle Initial) Jack Blocker Mailing Address 900 N Taylor Street Apt. 917 City State Zip Code Arlington VA 22203 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>05 / 24 / 2006</div> Transaction ID: 60608.C101835 Amount of Each Receipt this Period <div>100.00</div> Receipt
C. Full Name (Last, First, Middle Initial) Jack Blocker Mailing Address 900 N Taylor Street Apt. 917 City State Zip Code Arlington VA 22203 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>285.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>06 / 22 / 2006</div> Transaction ID: 60710.C105237 Amount of Each Receipt this Period <div>35.00</div> Receipt

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Gloria Boccheciamp

Mailing Address 9015 N Laurel Rd Apt G

City State Zip Code
 Laurel MD 20723

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98696

Amount of Each Receipt this Period

25.00

Receipt

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

Gloria Boccheciamp

Mailing Address 9015 N Laurel Rd Apt G

City State Zip Code
 Laurel MD 20723

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C99196

Amount of Each Receipt this Period

30.00

Receipt

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

Gloria Boccheciamp

Mailing Address 9015 N Laurel Rd Apt G

City State Zip Code
 Laurel MD 20723

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C100359

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Gloria Boccheciamp		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 9015 N Laurel Rd Apt G		Transaction ID: 60608.C100504
City Laurel	State MD	Zip Code 20723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

B. Full Name (Last, First, Middle Initial) Harold Boring		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 2164 Lake Francis Road NE		Transaction ID: 60608.C99021
City Dalton	State GA	Zip Code 30721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Harold Boring		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 2164 Lake Francis Road NE		Transaction ID: 60608.C102312
City Dalton	State GA	Zip Code 30721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Harold Boring		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 2164 Lake Francis Road NE		Transaction ID: 60710.C105906
City State Zip Code Dalton GA 30721	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B. Full Name (Last, First, Middle Initial) Alice Bowden		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 475 Mount Vernon Hwy SE #C232		Transaction ID: 60414.C98728
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

C. Full Name (Last, First, Middle Initial) Alice Bowden		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 475 Mount Vernon Hwy SE #C232		Transaction ID: 60608.C99469
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Alice Bowden Mailing Address 475 Mount Vernon Hwy SE #C232 City Atlanta State GA Zip Code 30328 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 05 / 23 / 2006 Transaction ID: 60608.C101404 Amount of Each Receipt this Period 50.00 Receipt
B. Full Name (Last, First, Middle Initial) Alice Bowden Mailing Address 475 Mount Vernon Hwy SE #C232 City Atlanta State GA Zip Code 30328 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt MM / DD / YYYY 06 / 28 / 2006 Transaction ID: 60710.C105751 Amount of Each Receipt this Period 50.00 Receipt
C. Full Name (Last, First, Middle Initial) Arthur Boyd Mailing Address 1700 SE 4th St #47 City Smithville State TX Zip Code 78957-2908 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested None Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 160.00		Date of Receipt MM / DD / YYYY 05 / 05 / 2006 Transaction ID: 60608.C100457 Amount of Each Receipt this Period 40.00 Receipt

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Arthur Boyd

Mailing Address 1700 SE 4th St #47

City State Zip Code
 Smithville TX 78957-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101824

Amount of Each Receipt this Period

40.00

Receipt

Full Name (Last, First, Middle Initial)

B. Arthur Boyd

Mailing Address 1700 SE 4th St #47

City State Zip Code
 Smithville TX 78957-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 60608.C103683

Amount of Each Receipt this Period

40.00

Receipt

Full Name (Last, First, Middle Initial)

C. Robert Bragan

Mailing Address 5312 Collinwood Avenue

City State Zip Code
 Fort Worth TX 76107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 60608.C103504

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. W. Edward Brandon

Mailing Address 320 Stirling Avenue

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104849

Amount of Each Receipt this Period

300.00

Receipt

Full Name (Last, First, Middle Initial)

B. J. Jerald Branson

Mailing Address 7373 E 29th St N

City

Wichita

State

KS

Zip Code

67226

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60414.C98063

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

C. Elizabeth Bruce

Mailing Address 520 White Road

City

Opelika

State

AL

Zip Code

36801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 60608.C103183

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Susan Brunoff

Mailing Address 334 W. Cedar Street

City State Zip Code
 New Holland PA 17557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99510

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

B. Susan Brunoff

Mailing Address 334 W. Cedar Street

City State Zip Code
 New Holland PA 17557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101577

Amount of Each Receipt this Period

70.00

Receipt

Full Name (Last, First, Middle Initial)

C. Susan Brunoff

Mailing Address 334 W. Cedar Street

City State Zip Code
 New Holland PA 17557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

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

Transaction ID: 60608.C103090

Amount of Each Receipt this Period

70.00

Receipt

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Susan Brunoff

Mailing Address 334 W. Cedar Street

City State Zip Code
 New Holland PA 17557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 9 / 2 0 0 6

Transaction ID: 60710.C104041

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. Susan Brunoff

Mailing Address 334 W. Cedar Street

City State Zip Code
 New Holland PA 17557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: 60710.C105866

Amount of Each Receipt this Period

105.00

Receipt

Full Name (Last, First, Middle Initial)

C. Elizabeth Bryan

Mailing Address 3508 Turner Road

City State Zip Code
 Monkton MD 21111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102376

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Elizabeth Bryan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 3508 Turner Road		Transaction ID: 60710.C105118
City Monkton	State MD	Zip Code 21111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	Receipt

B. Full Name (Last, First, Middle Initial) Robert Buchanan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 4751 Eagleridge Circle Apt 108		Transaction ID: 60608.C98985
City Pueblo	State CO	Zip Code 81008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	Receipt

C. Full Name (Last, First, Middle Initial) EARL BUCHMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 56-B PEACE CIR		Transaction ID: 60608.C99485
City New Oxford	State PA	Zip Code 17350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	Receipt

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Marie Burnside

Mailing Address 30 Knox Circle

City

Evanston

State

IL

Zip Code

60201-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100620

Amount of Each Receipt this Period

50.00

Receipt

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

Marie Burnside

Mailing Address 30 Knox Circle

City

Evanston

State

IL

Zip Code

60201-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102285

Amount of Each Receipt this Period

75.00

Receipt

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

David Burrows

Mailing Address 2301 Stanley Avenue SE

City

Roanoke

State

VA

Zip Code

24014

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99419

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) David Burrows		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 2301 Stanley Avenue SE		Transaction ID: 60608.C101889
City Roanoke	State VA	Zip Code 24014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) David Burrows		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 2301 Stanley Avenue SE		Transaction ID: 60608.C102625
City Roanoke	State VA	Zip Code 24014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C. Full Name (Last, First, Middle Initial) David Burrows		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 2301 Stanley Avenue SE		Transaction ID: 60608.C102802
City Roanoke	State VA	Zip Code 24014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) David Burrows		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 2301 Stanley Avenue SE		Transaction ID: 60608.C103724
City Roanoke	State VA	Zip Code 24014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B. Full Name (Last, First, Middle Initial) David Burrows		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 2301 Stanley Avenue SE		Transaction ID: 60710.C104490
City Roanoke	State VA	Zip Code 24014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C. Full Name (Last, First, Middle Initial) David Burrows		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 2301 Stanley Avenue SE		Transaction ID: 60710.C104510
City Roanoke	State VA	Zip Code 24014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
MATTHEW M BUTSCHEK

Mailing Address 1755 FM 1378

City	State	Zip Code
Wylie	TX	75098

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	0	6

Transaction ID: 60608.C102745

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)
MATTHEW M BUTSCHEK

Mailing Address 1755 FM 1378

City	State	Zip Code
Wylie	TX	75098

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 60608.C103030

Amount of Each Receipt this Period

100.00

Receipt

C. Full Name (Last, First, Middle Initial)
MATTHEW M BUTSCHEK

Mailing Address 1755 FM 1378

City	State	Zip Code
Wylie	TX	75098

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 60710.C105905

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Wayne Caldwell

Mailing Address 2656 Legends Way

City State Zip Code
 Ellicott City MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102187

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. Billie Campbell

Mailing Address 900 Seminole Road

City State Zip Code
 Radcliff KY 40160

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102348

Amount of Each Receipt this Period

135.00

Receipt

Full Name (Last, First, Middle Initial)

C. Byrnece Campbell

Mailing Address 1421 SW 78th Terrace

City State Zip Code
 Oklahoma City OK 73159

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99454

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Byrnece Campbell
Mailing Address 1421 SW 78th Terrace

City State Zip Code
Oklahoma City OK 73159

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: 60710.C104500

Amount of Each Receipt this Period

50.00

Receipt

B. Full Name (Last, First, Middle Initial)
William Carter
Mailing Address 7614 Bells Mill Road

City State Zip Code
Bethesda MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 60710.C103908

Amount of Each Receipt this Period

100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joseph Chairge
Mailing Address 261 Market Street

City State Zip Code
Pittston PA 18640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99706

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Joseph Chairge

Mailing Address 261 Market Street

City State Zip Code
Pittston PA 18640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 6

Transaction ID: 60608.C100147

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

B. Joseph Chairge

Mailing Address 261 Market Street

City State Zip Code
Pittston PA 18640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101579

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Joseph Chairge

Mailing Address 261 Market Street

City State Zip Code
Pittston PA 18640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102123

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Joseph Chairge

Mailing Address 261 Market Street

City State Zip Code
Pittston PA 18640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 6

Transaction ID: 60710.C104070

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

B. Joseph Chairge

Mailing Address 261 Market Street

City State Zip Code
Pittston PA 18640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 60710.C105258

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Joseph Chairge

Mailing Address 261 Market Street

City State Zip Code
Pittston PA 18640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

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

Transaction ID: 60710.C106078

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Edward Chandler
Mailing Address 453 Dolphin Street

City State Zip Code
Melbourne Beach FL 32951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60608.C100472

Amount of Each Receipt this Period

40.00

Receipt

B. Full Name (Last, First, Middle Initial)
Edward Chandler
Mailing Address 453 Dolphin Street

City State Zip Code
Melbourne Beach FL 32951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: 60710.C104417

Amount of Each Receipt this Period

40.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dorothy Chilson
Mailing Address PO Box 928

City State Zip Code
Attleboro MA 02703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 60414.C98866

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Dorothy Chilson

Mailing Address PO Box 928

City State Zip Code
 Attleboro MA 02703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

155.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C100253

Amount of Each Receipt this Period

25.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dorothy Chilson

Mailing Address PO Box 928

City State Zip Code
 Attleboro MA 02703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100621

Amount of Each Receipt this Period

35.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dorothy Chilson

Mailing Address PO Box 928

City State Zip Code
 Attleboro MA 02703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101441

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Dorothy Chilson

Mailing Address PO Box 928

City State Zip Code
 Attleboro MA 02703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 60608.C102792

Amount of Each Receipt this Period

35.00

Receipt

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

Dorothy Chilson

Mailing Address PO Box 928

City State Zip Code
 Attleboro MA 02703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 9 / 2 0 0 6

Transaction ID: 60710.C104036

Amount of Each Receipt this Period

35.00

Receipt

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

Dorothy Chilson

Mailing Address PO Box 928

City State Zip Code
 Attleboro MA 02703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: 60710.C106014

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. W Ernest Chilton

Mailing Address 3437 W 7th Street #138

City State Zip Code
Fort Worth TX 76107

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 60710.C105441

Amount of Each Receipt this Period

200.00

Receipt

Full Name (Last, First, Middle Initial)

B. ELLOINE M CLARK

Mailing Address 3838 Oak Lawn Avenue, Ste 911

City State Zip Code
Dallas TX 75219

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99691

Amount of Each Receipt this Period

2000.00

Receipt

Full Name (Last, First, Middle Initial)

C. ELLOINE M CLARK

Mailing Address 3838 Oak Lawn Avenue, Ste 911

City State Zip Code
Dallas TX 75219

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: 60710.C104411

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

4200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) George Clark		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	6		2	0	0	6													
Mailing Address 22 Gladding Road		Transaction ID: 60608.C99594																				
City State Zip Code Caldwell NJ 07006-5805		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																						
FEC ID number of contributing federal political committee. C		Receipt																				
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">156.00</td> </tr> </table>	156.00																				
156.00																						

B. Full Name (Last, First, Middle Initial) George Clark		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	4		2	0	0	6													
Mailing Address 22 Gladding Road		Transaction ID: 60608.C100033																				
City State Zip Code Caldwell NJ 07006-5805		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">53.00</td> </tr> </table>	53.00																			
53.00																						
FEC ID number of contributing federal political committee. C		Receipt																				
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">209.00</td> </tr> </table>	209.00																				
209.00																						

C. Full Name (Last, First, Middle Initial) George Clark		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	5		2	0	0	6													
Mailing Address 22 Gladding Road		Transaction ID: 60608.C102428																				
City State Zip Code Caldwell NJ 07006-5805		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																						
FEC ID number of contributing federal political committee. C		Receipt																				
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">259.00</td> </tr> </table>	259.00																				
259.00																						

SUBTOTAL of Receipts This Page (optional)

153.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Eleanor Cline Mailing Address 420 Overlook Road City Mansfield State OH Zip Code 44907 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 165.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 6 Transaction ID: 60608.C100052 Amount of Each Receipt this Period 45.00 Receipt
B. Full Name (Last, First, Middle Initial) Eleanor Cline Mailing Address 420 Overlook Road City Mansfield State OH Zip Code 44907 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 190.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6 Transaction ID: 60608.C101379 Amount of Each Receipt this Period 25.00 Receipt
C. Full Name (Last, First, Middle Initial) Eleanor Cline Mailing Address 420 Overlook Road City Mansfield State OH Zip Code 44907 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6 Transaction ID: 60608.C103024 Amount of Each Receipt this Period 45.00 Receipt

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Robert Coats Mailing Address 4211 Garibaldi Avenue City State Zip Code Jacksonville FL 32210 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>150.00</div>		Date of Receipt <div>04 / 12 / 2006</div> Transaction ID: 60414.C98572 Amount of Each Receipt this Period <div>50.00</div> Receipt
B. Full Name (Last, First, Middle Initial) Robert Coats Mailing Address 4211 Garibaldi Avenue City State Zip Code Jacksonville FL 32210 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>200.00</div>		Date of Receipt <div>05 / 26 / 2006</div> Transaction ID: 60608.C102644 Amount of Each Receipt this Period <div>50.00</div> Receipt
C. Full Name (Last, First, Middle Initial) Robert Coats Mailing Address 4211 Garibaldi Avenue City State Zip Code Jacksonville FL 32210 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>		Date of Receipt <div>06 / 01 / 2006</div> Transaction ID: 60608.C102951 Amount of Each Receipt this Period <div>100.00</div> Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Robert Coats Mailing Address 4211 Garibaldi Avenue City State Zip Code Jacksonville FL 32210 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6 Transaction ID: 60608.C103654 Amount of Each Receipt this Period 50.00 Receipt
B. Full Name (Last, First, Middle Initial) Robert Coats Mailing Address 4211 Garibaldi Avenue City State Zip Code Jacksonville FL 32210 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6 Transaction ID: 60710.C105035 Amount of Each Receipt this Period 100.00 Receipt
C. Full Name (Last, First, Middle Initial) Robert Coats Mailing Address 4211 Garibaldi Avenue City State Zip Code Jacksonville FL 32210 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: 60710.C105547 Amount of Each Receipt this Period 50.00 Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Solomon Cook

Mailing Address 303 State Route 37

City State Zip Code
Hogansburg NY 13655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C99098

Amount of Each Receipt this Period

100.00

Receipt

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

Solomon Cook

Mailing Address 303 State Route 37

City State Zip Code
Hogansburg NY 13655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99659

Amount of Each Receipt this Period

75.00

Receipt

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

Solomon Cook

Mailing Address 303 State Route 37

City State Zip Code
Hogansburg NY 13655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102176

Amount of Each Receipt this Period

225.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Solomon Cook

Mailing Address 303 State Route 37

City State Zip Code
Hogansburg NY 13655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: 60710.C105796

Amount of Each Receipt this Period

225.00

Receipt

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

Thelma Cooper

Mailing Address 5935 SW River Road

City State Zip Code
Hillsboro OR 97123

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C100321

Amount of Each Receipt this Period

25.00

Receipt

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

Thelma Cooper

Mailing Address 5935 SW River Road

City State Zip Code
Hillsboro OR 97123

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 60710.C105818

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Helen Copeland		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 3600 Cypress Club Drive		Transaction ID: 60608.C102954
City Charlotte	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	Receipt

B. Full Name (Last, First, Middle Initial) Lois Crantz		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 617 Terra California Dr Apt 6		Transaction ID: 60608.C102171
City Walnut Creek	State CA	Zip Code 94595
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C. Full Name (Last, First, Middle Initial) Lois Crantz		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 617 Terra California Dr Apt 6		Transaction ID: 60608.C102726
City Walnut Creek	State CA	Zip Code 94595
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Margaret Cray		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 3 Hampton Road		Transaction ID: 60608.C99459
City Ewing	State NJ	Zip Code 08638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B. Full Name (Last, First, Middle Initial) Margaret Cray		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 3 Hampton Road		Transaction ID: 60608.C101614
City Ewing	State NJ	Zip Code 08638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

C. Full Name (Last, First, Middle Initial) Margaret Cray		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 3 Hampton Road		Transaction ID: 60608.C102420
City Ewing	State NJ	Zip Code 08638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Margaret Cray			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6	
Mailing Address 3 Hampton Road			Transaction ID: 60710.C103871	
City State Zip Code Ewing NJ 08638			Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer None		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		
B. Full Name (Last, First, Middle Initial) Margaret Cray			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 6	
Mailing Address 3 Hampton Road			Transaction ID: 60710.C105708	
City State Zip Code Ewing NJ 08638			Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer None		Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
C. Full Name (Last, First, Middle Initial) Christian Creteur			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 3083 Tyre Neck Road			Transaction ID: 60608.C99827	
City State Zip Code Chesapeake VA 23321-4503			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Self-Employed		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00		

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Christian Creteur		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 3083 Tyre Neck Road		Transaction ID: 60710.C104950
City Chesapeake	State VA	Zip Code 23321-4503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physician	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Bernadien Crosby		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 117 Siddle Drive		Transaction ID: 60608.C99327
City Cody	State WY	Zip Code 82414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C. Full Name (Last, First, Middle Initial) Bernadien Crosby		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 117 Siddle Drive		Transaction ID: 60608.C102403
City Cody	State WY	Zip Code 82414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Dorothy Crozier

Mailing Address 3405 Stewart Circle

City State Zip Code
Waco TX 76708

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C98995

Amount of Each Receipt this Period

150.00

Receipt

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

Dorothy Crozier

Mailing Address 3405 Stewart Circle

City State Zip Code
Waco TX 76708

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 6

Transaction ID: 60710.C104092

Amount of Each Receipt this Period

150.00

Receipt

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

Dorothy Crozier

Mailing Address 3405 Stewart Circle

City State Zip Code
Waco TX 76708

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

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

Transaction ID: 60710.C105613

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Edwin Cubbedge
Mailing Address 196 Sentinel Pl.

City State Zip Code
Marietta GA 30067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: 60608.C103197

Amount of Each Receipt this Period

250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Frances Cullom
Mailing Address 2515 Spring Hill Dr

City State Zip Code
Ashland OR 97520

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99668

Amount of Each Receipt this Period

50.00

Receipt

C. Full Name (Last, First, Middle Initial)
Frances Cullom
Mailing Address 2515 Spring Hill Dr

City State Zip Code
Ashland OR 97520

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C102015

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
 Frances Cullom
 Mailing Address 2515 Spring Hill Dr

City State Zip Code
 Ashland OR 97520

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: 60710.C105081

Amount of Each Receipt this Period

350.00

Receipt

B. Full Name (Last, First, Middle Initial)
 Frances Cullom
 Mailing Address 2515 Spring Hill Dr

City State Zip Code
 Ashland OR 97520

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

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

Transaction ID: 60710.C105568

Amount of Each Receipt this Period

375.00

Receipt

C. Full Name (Last, First, Middle Initial)
 Norm Culverwell
 Mailing Address PO Box 1151

City State Zip Code
 Craig CO 81626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 60710.C105290

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Mary Cunningham
Mailing Address 3026 Hilltop Drive

City State Zip Code
Ventura CA 93003

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 60710.C104173

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mary Cunningham
Mailing Address 3026 Hilltop Drive

City State Zip Code
Ventura CA 93003

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: 60710.C105947

Amount of Each Receipt this Period

1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
R. G. Danneels
Mailing Address 24747 Old Shook Road

City State Zip Code
Harrison Township MI 48045

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	6

Transaction ID: 60608.C100029

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. R. G. Danneels

Mailing Address 24747 Old Shook Road

City State Zip Code
Harrison Township MI 48045

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101307

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

B. R. G. Danneels

Mailing Address 24747 Old Shook Road

City State Zip Code
Harrison Township MI 48045

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

195.00

Date of Receipt

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

Transaction ID: 60608.C103043

Amount of Each Receipt this Period

20.00

Receipt

Full Name (Last, First, Middle Initial)

C. R. G. Danneels

Mailing Address 24747 Old Shook Road

City State Zip Code
Harrison Township MI 48045

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104889

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) R. G. Danneels		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 24747 Old Shook Road		Transaction ID: 60710.C105075
City Harrison Township	State MI	Zip Code 48045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

B. Full Name (Last, First, Middle Initial) Peter Dannemiller		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 8346 Berkley Rdg		Transaction ID: 60608.C101134
City Atlanta	State GA	Zip Code 30350-3403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Emily Date		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1201 Lawton Street		Transaction ID: 60608.C99905
City San Francisco	State CA	Zip Code 94122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 122.00	

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Emily Date Mailing Address 1201 Lawton Street City San Francisco State CA Zip Code 94122 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 142.00		Date of Receipt MM / DD / YYYY 05 / 15 / 2006 Transaction ID: 60608.C100849 Amount of Each Receipt this Period 20.00 Receipt
B. Full Name (Last, First, Middle Initial) Emily Date Mailing Address 1201 Lawton Street City San Francisco State CA Zip Code 94122 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 175.00		Date of Receipt MM / DD / YYYY 05 / 23 / 2006 Transaction ID: 60608.C101529 Amount of Each Receipt this Period 33.00 Receipt
C. Full Name (Last, First, Middle Initial) Emily Date Mailing Address 1201 Lawton Street City San Francisco State CA Zip Code 94122 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 190.00		Date of Receipt MM / DD / YYYY 05 / 25 / 2006 Transaction ID: 60608.C102442 Amount of Each Receipt this Period 15.00 Receipt

SUBTOTAL of Receipts This Page (optional)

68.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Emily Date
Mailing Address 1201 Lawton Street

City State Zip Code
San Francisco CA 94122

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 60608.C103403

Amount of Each Receipt this Period

20.00

Receipt

B. Full Name (Last, First, Middle Initial)
Margaret Davenport
Mailing Address 825 Apple Valley Drive

City State Zip Code
San Jose CA 95125

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C99127

Amount of Each Receipt this Period

500.00

Receipt

C. Full Name (Last, First, Middle Initial)
James De Ganahl
Mailing Address 655 Redwing Drive

City State Zip Code
Lake Mary FL 32746

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99313

Amount of Each Receipt this Period

600.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Conrad De Leeuw

Mailing Address 11 Chapman Drive

City State Zip Code
 Little Ferry NJ 07643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coach USA

Occupation
Bus Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 60608.C100019

Amount of Each Receipt this Period

200.00

Receipt

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

Conrad De Leeuw

Mailing Address 11 Chapman Drive

City State Zip Code
 Little Ferry NJ 07643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coach USA

Occupation
Bus Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101237

Amount of Each Receipt this Period

200.00

Receipt

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

Pete DeJong

Mailing Address 330 Silk Mill Place

City State Zip Code
 San Marcos CA 92069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100539

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Walter Detjen

Mailing Address 41621 25th Street W

City State Zip Code
 Palmdale CA 93551-1343

FEC ID number of contributing federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: 60710.C105804

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

B. Bruce Detweiler

Mailing Address 340 Lorton Avenue, Ste. 201

City State Zip Code
 Burlingame CA 94010

FEC ID number of contributing federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99699

Amount of Each Receipt this Period

75.00

Receipt

Full Name (Last, First, Middle Initial)

C. Bruce Detweiler

Mailing Address 340 Lorton Avenue, Ste. 201

City State Zip Code
 Burlingame CA 94010

FEC ID number of contributing federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

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

Transaction ID: 60608.C103507

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Bruce Detweiler		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 340 Lorton Avenue, Ste. 201		Transaction ID: 60710.C105870
City State Zip Code Burlingame CA 94010	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) John Donald		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 2141 Stonehenge Drive Apt. 5		Transaction ID: 60710.C105388
City State Zip Code Raleigh NC 27615	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer None Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 255.00	

C. Full Name (Last, First, Middle Initial) H Renwick Dunlap		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 989 Shooting Box Road		Transaction ID: 60608.C101811
City State Zip Code King William VA 23086	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer None Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Aggregate Year-to-Date ▼ 150.00	

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
H Renwick Dunlap
Mailing Address 989 Shooting Box Road

City State Zip Code
King William VA 23086

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 60710.C104395

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)
H Renwick Dunlap
Mailing Address 989 Shooting Box Road

City State Zip Code
King William VA 23086

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 60710.C105060

Amount of Each Receipt this Period

100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Brewster Durkee
Mailing Address 5027 River Point Road

City State Zip Code
Jacksonville FL 32207

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C99245

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Brewster Durkee		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 5027 River Point Road		Transaction ID: 60608.C99392
City Jacksonville	State FL	Zip Code 32207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Brewster Durkee		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 5027 River Point Road		Transaction ID: 60710.C104964
City Jacksonville	State FL	Zip Code 32207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C. Full Name (Last, First, Middle Initial) Brewster Durkee		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 5027 River Point Road		Transaction ID: 60710.C105135
City Jacksonville	State FL	Zip Code 32207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A.

Full Name (Last, First, Middle Initial)

Don Early

Mailing Address 2812 W 47th Ave

City

Kansas City

State

KS

Zip Code

66103-3243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60710.C104699

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert Eichenberg

Mailing Address 1 Collins Island

City

Newport Beach

State

CA

Zip Code

92662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ellison Ed Eq Inc

Occupation

Co-Owner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99303

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Tamara Ellsworth

Mailing Address 4736 Pelton Road

City

Clarkston

State

MI

Zip Code

48346

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99599

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Tamara Ellsworth

Mailing Address 4736 Pelton Road

City State Zip Code
 Clarkston MI 48346

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 4 / 2 0 0 6

Transaction ID: 60608.C100028

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. Tamara Ellsworth

Mailing Address 4736 Pelton Road

City State Zip Code
 Clarkston MI 48346

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101808

Amount of Each Receipt this Period

75.00

Receipt

Full Name (Last, First, Middle Initial)

C. Tamara Ellsworth

Mailing Address 4736 Pelton Road

City State Zip Code
 Clarkston MI 48346

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 60608.C103045

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Tamara Ellsworth

Mailing Address 4736 Pelton Road

City State Zip Code
 Clarkston MI 48346

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104887

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. Walter Escallier

Mailing Address 2320 Iowa Avenue

City State Zip Code
 Joplin MO 64804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98523

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

C. Walter Escallier

Mailing Address 2320 Iowa Avenue

City State Zip Code
 Joplin MO 64804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100771

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Walter Escallier

Mailing Address 2320 Iowa Avenue

City State Zip Code
 Joplin MO 64804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100627

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

B. Walter Escallier

Mailing Address 2320 Iowa Avenue

City State Zip Code
 Joplin MO 64804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101440

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

C. Walter Escallier

Mailing Address 2320 Iowa Avenue

City State Zip Code
 Joplin MO 64804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102423

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Walter Escallier

Mailing Address 2320 Iowa Avenue

City State Zip Code
 Joplin MO 64804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 60608.C103687

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

B. Walter Escallier

Mailing Address 2320 Iowa Avenue

City State Zip Code
 Joplin MO 64804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

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

Transaction ID: 60710.C103873

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

C. Evelyn Evans

Mailing Address 1058 Carter Drive

City State Zip Code
 Chattanooga TN 37415-5602

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C100292

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Helen Farson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 211 S 6th Street #111		Transaction ID: 60608.C99330
City Alhambra	State CA	Zip Code 91801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 65.00	

B. Full Name (Last, First, Middle Initial) Helen Farson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 211 S 6th Street #111		Transaction ID: 60608.C99762
City Alhambra	State CA	Zip Code 91801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 85.00	

C. Full Name (Last, First, Middle Initial) Helen Farson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 211 S 6th Street #111		Transaction ID: 60608.C99960
City Alhambra	State CA	Zip Code 91801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 110.00	

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Helen Farson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 211 S 6th Street #111		Transaction ID: 60608.C100683
City Alhambra	State CA	Zip Code 91801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 155.00	

B. Full Name (Last, First, Middle Initial) Helen Farson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 211 S 6th Street #111		Transaction ID: 60608.C102419
City Alhambra	State CA	Zip Code 91801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

C. Full Name (Last, First, Middle Initial) Helen Farson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 211 S 6th Street #111		Transaction ID: 60608.C103086
City Alhambra	State CA	Zip Code 91801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Helen Farson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 211 S 6th Street #111		Transaction ID: 60710.C105521
City Alhambra	State CA	Zip Code 91801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) June Fehlberg		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 2922 Bluff Ridge Drive		Transaction ID: 60608.C99195
City Quincy	State IL	Zip Code 62305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 110.00	

C. Full Name (Last, First, Middle Initial) June Fehlberg		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 2922 Bluff Ridge Drive		Transaction ID: 60608.C99816
City Quincy	State IL	Zip Code 62305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 145.00	

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) June Fehlberg		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 2922 Bluff Ridge Drive		Transaction ID: 60608.C101822
City Quincy	State IL	Zip Code 62305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 185.00	

Receipt

B. Full Name (Last, First, Middle Initial) June Fehlberg		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 2922 Bluff Ridge Drive		Transaction ID: 60608.C102189
City Quincy	State IL	Zip Code 62305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 215.00	

Receipt

C. Full Name (Last, First, Middle Initial) June Fehlberg		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 2922 Bluff Ridge Drive		Transaction ID: 60608.C102615
City Quincy	State IL	Zip Code 62305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 225.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. June Fehlberg

Mailing Address 2922 Bluff Ridge Drive

City State Zip Code
 Quincy IL 62305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: 60710.C104400

Amount of Each Receipt this Period

30.00

Receipt

Full Name (Last, First, Middle Initial)

B. June Fehlberg

Mailing Address 2922 Bluff Ridge Drive

City State Zip Code
 Quincy IL 62305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: 60710.C104541

Amount of Each Receipt this Period

15.00

Receipt

Full Name (Last, First, Middle Initial)

C. June Fehlberg

Mailing Address 2922 Bluff Ridge Drive

City State Zip Code
 Quincy IL 62305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: 60710.C105525

Amount of Each Receipt this Period

60.00

Receipt

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Doris Fenlin		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 2405 Point Pleasant Road		Transaction ID: 60414.C98806
City <u>Buchanan</u>	State TN	Zip Code 38222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 25.00	

Receipt

B. Full Name (Last, First, Middle Initial) Doris Fenlin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 2405 Point Pleasant Road		Transaction ID: 60608.C100008
City <u>Buchanan</u>	State TN	Zip Code 38222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 80.00	

Receipt

C. Full Name (Last, First, Middle Initial) Doris Fenlin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 2405 Point Pleasant Road		Transaction ID: 60608.C101818
City <u>Buchanan</u>	State TN	Zip Code 38222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 135.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Doris Fenlin

Mailing Address 2405 Point Pleasant Road

City State Zip Code
 Buchanan TN 38222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

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

Transaction ID: 60710.C104561

Amount of Each Receipt this Period

50.00

Receipt

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

Doris Fenlin

Mailing Address 2405 Point Pleasant Road

City State Zip Code
 Buchanan TN 38222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 60710.C105908

Amount of Each Receipt this Period

55.00

Receipt

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

Robert Ferguson

Mailing Address 23072 Lake Center Drive # 205

City State Zip Code
 Lake Forest CA 92630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
O & G EXPLN/PRDN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C102019

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Robert Ferguson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 23072 Lake Center Drive # 205		Transaction ID: 60710.C104377
City Lake Forest	State CA	Zip Code 92630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation O & G EXPLN/PRDN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Receipt

B. Full Name (Last, First, Middle Initial) Leonard Fincham		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 1000 Atlanta Road SW		Transaction ID: 60414.C98607
City Marietta	State GA	Zip Code 30060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Receipt

C. Full Name (Last, First, Middle Initial) Leonard Fincham		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1000 Atlanta Road SW		Transaction ID: 60608.C100229
City Marietta	State GA	Zip Code 30060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Leonard Fincham Mailing Address 1000 Atlanta Road SW City State Zip Code Marietta GA 30060 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00		Date of Receipt MM / DD / YYYY 05 / 25 / 2006 Transaction ID: 60608.C102549 Amount of Each Receipt this Period 50.00 Receipt
B. Full Name (Last, First, Middle Initial) Leonard Fincham Mailing Address 1000 Atlanta Road SW City State Zip Code Marietta GA 30060 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00		Date of Receipt MM / DD / YYYY 05 / 25 / 2006 Transaction ID: 60608.C102311 Amount of Each Receipt this Period 75.00 Receipt
C. Full Name (Last, First, Middle Initial) Theresa Fiorentino Mailing Address 1515 Hill Drive City State Zip Code Los Angeles CA 90041 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt MM / DD / YYYY 04 / 03 / 2006 Transaction ID: 60414.C98071 Amount of Each Receipt this Period 100.00 Receipt

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Theresa Fiorentino

Mailing Address 1515 Hill Drive

City State Zip Code
 Los Angeles CA 90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: 60414.C98838

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. Theresa Fiorentino

Mailing Address 1515 Hill Drive

City State Zip Code
 Los Angeles CA 90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C99918

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Theresa Fiorentino

Mailing Address 1515 Hill Drive

City State Zip Code
 Los Angeles CA 90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C100251

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Theresa Fiorentino

Mailing Address 1515 Hill Drive

City State Zip Code
 Los Angeles CA 90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 60608.C100976

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. Theresa Fiorentino

Mailing Address 1515 Hill Drive

City State Zip Code
 Los Angeles CA 90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101449

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

C. Theresa Fiorentino

Mailing Address 1515 Hill Drive

City State Zip Code
 Los Angeles CA 90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101879

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Theresa Fiorentino

Mailing Address 1515 Hill Drive

City

Los Angeles

State

CA

Zip Code

90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	6

Transaction ID: 60608.C101985

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. Theresa Fiorentino

Mailing Address 1515 Hill Drive

City

Los Angeles

State

CA

Zip Code

90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	6

Transaction ID: 60608.C101911

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Theresa Fiorentino

Mailing Address 1515 Hill Drive

City

Los Angeles

State

CA

Zip Code

90041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 60608.C103406

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Edith Fleminberg		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 805 Londonderry Road		Transaction ID: 60608.C100097
City Schenectady	State NY	Zip Code 12309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B. Full Name (Last, First, Middle Initial) Edith Fleminberg		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 805 Londonderry Road		Transaction ID: 60608.C101288
City Schenectady	State NY	Zip Code 12309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C. Full Name (Last, First, Middle Initial) Edith Fleminberg		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 805 Londonderry Road		Transaction ID: 60710.C103813
City Schenectady	State NY	Zip Code 12309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Edith Fleminberg		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 805 Londonderry Road		Transaction ID: 60710.C104006
City Schenectady	State NY	Zip Code 12309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

B. Full Name (Last, First, Middle Initial) Edith Fleminberg		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 805 Londonderry Road		Transaction ID: 60710.C105528
City Schenectady	State NY	Zip Code 12309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

C. Full Name (Last, First, Middle Initial) Anne Florance		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 7 Cherokee Rd NW		Transaction ID: 60608.C101139
City Atlanta	State GA	Zip Code 30305-2914
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Real Estate	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

1285.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Langdon Flowers		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address PO Box 997		Transaction ID: 60414.C98633
City Thomasville	State GA	Zip Code 31799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

B. Full Name (Last, First, Middle Initial) Langdon Flowers		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address PO Box 997		Transaction ID: 60608.C101710
City Thomasville	State GA	Zip Code 31799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

C. Full Name (Last, First, Middle Initial) Langdon Flowers		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 997		Transaction ID: 60608.C101875
City Thomasville	State GA	Zip Code 31799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Langdon Flowers		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 997		Transaction ID: 60710.C104518
City Thomasville	State GA	Zip Code 31799
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Wanda Fox		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 36 Port Street		Transaction ID: 60608.C100456
City Port Crane	State NY	Zip Code 13833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.00	

C. Full Name (Last, First, Middle Initial) Paul France		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 12515 W. Brandywine Drive		Transaction ID: 60608.C100334
City Sun City West	State AZ	Zip Code 85375
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Trinidad Gamez

Mailing Address 9000 Floyd Curl Drive Apt 107

City State Zip Code
 San Antonio TX 78240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 6

Transaction ID: 60414.C98083

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. Trinidad Gamez

Mailing Address 9000 Floyd Curl Drive Apt 107

City State Zip Code
 San Antonio TX 78240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 60414.C98888

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Trinidad Gamez

Mailing Address 9000 Floyd Curl Drive Apt 107

City State Zip Code
 San Antonio TX 78240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99368

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Trinidad Gamez

Mailing Address 9000 Floyd Curl Drive Apt 107

City State Zip Code
 San Antonio TX 78240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C99890

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. Trinidad Gamez

Mailing Address 9000 Floyd Curl Drive Apt 107

City State Zip Code
 San Antonio TX 78240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 6 / 2 0 0 6

Transaction ID: 60608.C101055

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Trinidad Gamez

Mailing Address 9000 Floyd Curl Drive Apt 107

City State Zip Code
 San Antonio TX 78240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101981

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Charles Gates Mailing Address 601 Via Del Monte City Palos Verdes Estat State CA Zip Code 90274 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 105.00		Date of Receipt MM / DD / YYYY 04 / 20 / 2006 Transaction ID: 60608.C98954 Amount of Each Receipt this Period 35.00 Receipt
B. Full Name (Last, First, Middle Initial) Charles Gates Mailing Address 601 Via Del Monte City Palos Verdes Estat State CA Zip Code 90274 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 140.00		Date of Receipt MM / DD / YYYY 05 / 03 / 2006 Transaction ID: 60608.C99981 Amount of Each Receipt this Period 35.00 Receipt
C. Full Name (Last, First, Middle Initial) Charles Gates Mailing Address 601 Via Del Monte City Palos Verdes Estat State CA Zip Code 90274 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 175.00		Date of Receipt MM / DD / YYYY 05 / 24 / 2006 Transaction ID: 60608.C101877 Amount of Each Receipt this Period 35.00 Receipt

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Charles Gates Mailing Address 601 Via Del Monte City Palos Verdes Estat State CA Zip Code 90274 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt MM / DD / YYYY 05 / 25 / 2006 Transaction ID: 60608.C102195 Amount of Each Receipt this Period 35.00 Receipt
B. Full Name (Last, First, Middle Initial) Philip Geier Mailing Address 6000 Redbird Hollow Lane City Cincinnati State OH Zip Code 45243 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00		Date of Receipt MM / DD / YYYY 04 / 26 / 2006 Transaction ID: 60608.C99378 Amount of Each Receipt this Period 100.00 Receipt
C. Full Name (Last, First, Middle Initial) Philip Geier Mailing Address 6000 Redbird Hollow Lane City Cincinnati State OH Zip Code 45243 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt MM / DD / YYYY 05 / 04 / 2006 Transaction ID: 60608.C100018 Amount of Each Receipt this Period 100.00 Receipt

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Philip Geier Mailing Address 6000 Redbird Hollow Lane City Cincinnati State OH Zip Code 45243 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 05 / 23 / 2006 Transaction ID: 60608.C101326 Amount of Each Receipt this Period 100.00 Receipt
B. Full Name (Last, First, Middle Initial) Philip Geier Mailing Address 6000 Redbird Hollow Lane City Cincinnati State OH Zip Code 45243 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt MM / DD / YYYY 05 / 25 / 2006 Transaction ID: 60608.C102106 Amount of Each Receipt this Period 100.00 Receipt
C. Full Name (Last, First, Middle Initial) Philip Geier Mailing Address 6000 Redbird Hollow Lane City Cincinnati State OH Zip Code 45243 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 09 / 2006 Transaction ID: 60710.C103993 Amount of Each Receipt this Period 100.00 Receipt
SUBTOTAL of Receipts This Page (optional) ▶		300.00
TOTAL This Period (last page this line number only) ▶		

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

John Geiman

Mailing Address 13015 Blue Ridge Rd.

City State Zip Code
Hagerstown MD 21742

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99528

Amount of Each Receipt this Period

50.00

Receipt

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

John Geiman

Mailing Address 13015 Blue Ridge Rd.

City State Zip Code
Hagerstown MD 21742

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: 60608.C101048

Amount of Each Receipt this Period

15.00

Receipt

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

John Geiman

Mailing Address 13015 Blue Ridge Rd.

City State Zip Code
Hagerstown MD 21742

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: 60608.C103060

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Paul Goodman

Mailing Address 21 Cow Lane

City State Zip Code
 Kings Point NY 11024

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99456

Amount of Each Receipt this Period

50.00

Receipt

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

Paul Goodman

Mailing Address 21 Cow Lane

City State Zip Code
 Kings Point NY 11024

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: 60608.C102643

Amount of Each Receipt this Period

50.00

Receipt

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

Paul Goodman

Mailing Address 21 Cow Lane

City State Zip Code
 Kings Point NY 11024

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 60710.C105207

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Paul Goodman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 21 Cow Lane		Transaction ID: 60710.C105795
City Kings Point	State NY	Zip Code 11024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

B. Full Name (Last, First, Middle Initial) Doris Gragg		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 1 Towers Park Lane Apt. 815		Transaction ID: 60414.C98109
City San Antonio	State TX	Zip Code 78209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

C. Full Name (Last, First, Middle Initial) Doris Gragg		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 1 Towers Park Lane Apt. 815		Transaction ID: 60608.C99323
City San Antonio	State TX	Zip Code 78209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Doris Gragg

Mailing Address 1 Towers Park Lane Apt. 815

City	State	Zip Code
San Antonio	TX	78209

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	6

Transaction ID: 60608.C100601

Amount of Each Receipt this Period

55.00

Receipt

Full Name (Last, First, Middle Initial)

B. Doris Gragg

Mailing Address 1 Towers Park Lane Apt. 815

City	State	Zip Code
San Antonio	TX	78209

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID: 60710.C104566

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

C. Robert Graham

Mailing Address 1027 Evergreen Way

City	State	Zip Code
Stockbridge	GA	30281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	6

Transaction ID: 60608.C102224

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

405.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Beth Gray		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 2409 Saint Joseph Street		Transaction ID: 60414.C98882
City State Zip Code Sulphur LA 70663	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer None Occupation Retired	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

B. Full Name (Last, First, Middle Initial) Beth Gray		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 2409 Saint Joseph Street		Transaction ID: 60608.C100415
City State Zip Code Sulphur LA 70663	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer None Occupation Retired	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Beth Gray		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 2409 Saint Joseph Street		Transaction ID: 60608.C102365
City State Zip Code Sulphur LA 70663	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer None Occupation Retired	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Beth Gray Mailing Address 2409 Saint Joseph Street City Sulphur State LA Zip Code 70663 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: 60608.C103432 Amount of Each Receipt this Period 75.00 Receipt
B. Full Name (Last, First, Middle Initial) Beth Gray Mailing Address 2409 Saint Joseph Street City Sulphur State LA Zip Code 70663 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 725.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6 Transaction ID: 60710.C105087 Amount of Each Receipt this Period 75.00 Receipt
C. Full Name (Last, First, Middle Initial) Geraldyn Griffith Mailing Address 10245 SW Highland Drive City Tigard State OR Zip Code 97224 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 110.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6 Transaction ID: 60414.C98849 Amount of Each Receipt this Period 35.00 Receipt
SUBTOTAL of Receipts This Page (optional) ▶		185.00
TOTAL This Period (last page this line number only) ▶		

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Geraldyn Griffith Mailing Address 10245 SW Highland Drive City Tigard State OR Zip Code 97224 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 185.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 6 Transaction ID: 60608.C100770 Amount of Each Receipt this Period 75.00 Receipt
B. Full Name (Last, First, Middle Initial) Geraldyn Griffith Mailing Address 10245 SW Highland Drive City Tigard State OR Zip Code 97224 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: 60608.C102631 Amount of Each Receipt this Period 50.00 Receipt
C. Full Name (Last, First, Middle Initial) Geraldyn Griffith Mailing Address 10245 SW Highland Drive City Tigard State OR Zip Code 97224 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 335.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: 60710.C105850 Amount of Each Receipt this Period 100.00 Receipt

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Richard Griffith

Mailing Address PO Box 91610

City State Zip Code
 Lafayette LA 70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99371

Amount of Each Receipt this Period

50.00

Receipt

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

Richard Griffith

Mailing Address PO Box 91610

City State Zip Code
 Lafayette LA 70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99384

Amount of Each Receipt this Period

50.00

Receipt

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

Richard Griffith

Mailing Address PO Box 91610

City State Zip Code
 Lafayette LA 70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101635

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Richard Griffith

Mailing Address PO Box 91610

City State Zip Code
 Lafayette LA 70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102415

Amount of Each Receipt this Period

50.00

Receipt

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

Richard Griffith

Mailing Address PO Box 91610

City State Zip Code
 Lafayette LA 70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102470

Amount of Each Receipt this Period

35.00

Receipt

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

Richard Griffith

Mailing Address PO Box 91610

City State Zip Code
 Lafayette LA 70509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

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

Transaction ID: 60710.C105367

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Shirley Griffiths

Mailing Address RR 6 Box 539

City State Zip Code
 Punxsutawney PA 15767

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 60710.C104207

Amount of Each Receipt this Period

100.00

Receipt

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

Tom Habecker

Mailing Address 111 SE 98th Avenue

City State Zip Code
 Vancouver WA 98664

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100726

Amount of Each Receipt this Period

300.00

Receipt

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

Tom Habecker

Mailing Address 111 SE 98th Avenue

City State Zip Code
 Vancouver WA 98664

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102237

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Tom Habecker

Mailing Address 111 SE 98th Avenue

City State Zip Code
Vancouver WA 98664

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
05 25 2006

Transaction ID: 60608.C102286

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. Betty Hagan

Mailing Address 1941 Overbrooke Way

City State Zip Code
Austell GA 30106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y
05 16 2006

Transaction ID: 60608.C101218

Amount of Each Receipt this Period

10.00

Receipt

Full Name (Last, First, Middle Initial)

C. Betty Hagan

Mailing Address 1941 Overbrooke Way

City State Zip Code
Austell GA 30106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y
05 23 2006

Transaction ID: 60608.C101718

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Betty Hagan

Mailing Address 1941 Overbrooke Way

City State Zip Code
Austell GA 30106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 60608.C102855

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. Betty Hagan

Mailing Address 1941 Overbrooke Way

City State Zip Code
Austell GA 30106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104878

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Doris Hamilton

Mailing Address 1300 NE 16th Avenue Apt. 1122

City State Zip Code
Portland OR 97232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99756

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Doris Hamilton		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1300 NE 16th Avenue Apt. 1122		Transaction ID: 60608.C99969
City Portland	State OR	Zip Code 97232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 145.00	

B. Full Name (Last, First, Middle Initial) Doris Hamilton		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 1300 NE 16th Avenue Apt. 1122		Transaction ID: 60608.C102386
City Portland	State OR	Zip Code 97232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

C. Full Name (Last, First, Middle Initial) Doris Hamilton		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1300 NE 16th Avenue Apt. 1122		Transaction ID: 60710.C104536
City Portland	State OR	Zip Code 97232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. J Hamilton

Mailing Address 800 Blossom Hill Rd Unit E324

City	State	Zip Code
Los Gatos	CA	95032

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	0	6

Transaction ID: 60608.C102603

Amount of Each Receipt this Period

201.00

Receipt

Full Name (Last, First, Middle Initial)

B. Mary Harvey

Mailing Address 5335 Chicago Street SE Apt 4

City	State	Zip Code
Turner	OR	97392

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	6

Transaction ID: 60414.C98767

Amount of Each Receipt this Period

15.00

Receipt

Full Name (Last, First, Middle Initial)

C. Mary Harvey

Mailing Address 5335 Chicago Street SE Apt 4

City	State	Zip Code
Turner	OR	97392

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	6

Transaction ID: 60608.C99464

Amount of Each Receipt this Period

15.00

Receipt

SUBTOTAL of Receipts This Page (optional)

231.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Mary Harvey Mailing Address 5335 Chicago Street SE Apt 4 City State Zip Code Turner OR 97392 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 115.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6 Transaction ID: 60608.C101907 Amount of Each Receipt this Period 15.00 Receipt
B. Full Name (Last, First, Middle Initial) Mary Harvey Mailing Address 5335 Chicago Street SE Apt 4 City State Zip Code Turner OR 97392 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 135.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6 Transaction ID: 60608.C102209 Amount of Each Receipt this Period 20.00 Receipt
C. Full Name (Last, First, Middle Initial) Mary Harvey Mailing Address 5335 Chicago Street SE Apt 4 City State Zip Code Turner OR 97392 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 175.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6 Transaction ID: 60608.C103025 Amount of Each Receipt this Period 40.00 Receipt
SUBTOTAL of Receipts This Page (optional) ▶		75.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 108 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Mary Harvey		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 5335 Chicago Street SE Apt 4		Transaction ID: 60608.C103454
City State Zip Code Turner OR 97392	Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

B. Full Name (Last, First, Middle Initial) Mary Harvey		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 5335 Chicago Street SE Apt 4		Transaction ID: 60710.C104504
City State Zip Code Turner OR 97392	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

C. Full Name (Last, First, Middle Initial) Melvin Hawkins		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 2439 Breckenridge Road		Transaction ID: 60608.C101028
City State Zip Code Richmond VA 23225	Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Melvin Hawkins		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 2439 Breckenridge Road		Transaction ID: 60710.C104844
City Richmond	State VA	Zip Code 23225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1045.00	

Receipt

B. Full Name (Last, First, Middle Initial) Rosemary Hegenbart		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 6266 Altura Avenue		Transaction ID: 60608.C98966
City La Crescenta	State CA	Zip Code 91214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Receipt

C. Full Name (Last, First, Middle Initial) Rosemary Hegenbart		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 6266 Altura Avenue		Transaction ID: 60608.C102201
City La Crescenta	State CA	Zip Code 91214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Rosemary Hegenbart
Mailing Address 6266 Altura Avenue

City State Zip Code
La Crescenta CA 91214

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102401

Amount of Each Receipt this Period

50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Rosemary Hegenbart
Mailing Address 6266 Altura Avenue

City State Zip Code
La Crescenta CA 91214

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 60710.C105926

Amount of Each Receipt this Period

100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Joyce Heinrich
Mailing Address 1035 Hill Street Apt. 224

City State Zip Code
Watertown WI 53098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98528

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Joyce Heinrich

Mailing Address 1035 Hill Street Apt. 224

City State Zip Code
Watertown WI 53098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2006

Transaction ID: 60710.C105845

Amount of Each Receipt this Period

150.00

Receipt

Full Name (Last, First, Middle Initial)

B. John Henderson

Mailing Address 4001 Glacier Hills Drive Apt. 327

City State Zip Code
Ann Arbor MI 48105-3658

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

06 / 06 / 2006

Transaction ID: 60608.C103259

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. John Henderson

Mailing Address 4001 Glacier Hills Drive Apt. 327

City State Zip Code
Ann Arbor MI 48105-3658

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 22 / 2006

Transaction ID: 60710.C105162

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Robert Herring
Mailing Address 135 E. Blackland Court

City State Zip Code
Marietta GA 30067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99544

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Robert Herring
Mailing Address 135 E. Blackland Court

City State Zip Code
Marietta GA 30067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 60608.C102986

Amount of Each Receipt this Period

150.00

Receipt

C. Full Name (Last, First, Middle Initial)
Galen Hibshman
Mailing Address 623 E Main Street

City State Zip Code
New Holland PA 17557

FEC ID number of contributing
federal political committee.

C

Name of Employer
HORST EXCAVATING

Occupation
EQUIPMENT OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100676

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Galen Hibshman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 623 E Main Street		Transaction ID: 60710.C103845
City New Holland	State PA	Zip Code 17557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer HORST EXCAVATING	Occupation EQUIPMENT OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Receipt

B. Full Name (Last, First, Middle Initial) Galen Hibshman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 623 E Main Street		Transaction ID: 60710.C105580
City New Holland	State PA	Zip Code 17557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer HORST EXCAVATING	Occupation EQUIPMENT OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Receipt

C. Full Name (Last, First, Middle Initial) Billie Hines		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 2811 Fulton Street		Transaction ID: 60608.C98942
City Shreveport	State LA	Zip Code 71109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer None	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Hsiao-Lung Ho
Mailing Address 110 Belmont Pl

City State Zip Code
Roswell GA 30076-3688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 6

Transaction ID: 60608.C102675

Amount of Each Receipt this Period

250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Arabella Hogentogler
Mailing Address 16 Oxford St.

City State Zip Code
Chevy Chase MD 20815-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: 60608.C101082

Amount of Each Receipt this Period

100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Arabella Hogentogler
Mailing Address 16 Oxford St.

City State Zip Code
Chevy Chase MD 20815-4231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 60608.C102939

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) William Hood Mailing Address 5525 S Garth Avenue City State Zip Code Los Angeles CA 90012 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 6 Transaction ID: 60608.C100609 Amount of Each Receipt this Period 75.00 Receipt
B. Full Name (Last, First, Middle Initial) Anthony Hooge Mailing Address 9508 E Riggs Road Unit A234 City State Zip Code Sun Lakes AZ 85248 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6 Transaction ID: 60608.C99009 Amount of Each Receipt this Period 170.00 Receipt
C. Full Name (Last, First, Middle Initial) Anthony Hooge Mailing Address 9508 E Riggs Road Unit A234 City State Zip Code Sun Lakes AZ 85248 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: 60710.C105837 Amount of Each Receipt this Period 50.00 Receipt

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

N HORTON

Mailing Address PO BOX 4468

City State Zip Code
 Eatonton GA 31024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 6 / 2 0 0 6

Transaction ID: 60608.C101133

Amount of Each Receipt this Period

1000.00

Receipt

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

George Hubbard

Mailing Address 2012 10th Avenue

City State Zip Code
 Columbus GA 31901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 60608.C102936

Amount of Each Receipt this Period

250.00

Receipt

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

Suzanne Hudgens

Mailing Address 6509 HWY 106 S.

City State Zip Code
 Hull GA 30646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 60608.C100810

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Martha Hunt Mailing Address 1105 Collinwood Road SE City State Zip Code Rome GA 30161 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6 Transaction ID: 60414.C98512 Amount of Each Receipt this Period 50.00 Receipt
B. Full Name (Last, First, Middle Initial) Martha Hunt Mailing Address 1105 Collinwood Road SE City State Zip Code Rome GA 30161 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: 60608.C99630 Amount of Each Receipt this Period 50.00 Receipt
C. Full Name (Last, First, Middle Initial) Martha Hunt Mailing Address 1105 Collinwood Road SE City State Zip Code Rome GA 30161 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 6 Transaction ID: 60608.C100715 Amount of Each Receipt this Period 40.00 Receipt

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Martha Hunt		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 1105 Collinwood Road SE		Transaction ID: 60608.C101031
City Rome	State GA	Zip Code 30161
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Martha Hunt		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 1105 Collinwood Road SE		Transaction ID: 60608.C101750
City Rome	State GA	Zip Code 30161
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

C. Full Name (Last, First, Middle Initial) Martha Hunt		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 1105 Collinwood Road SE		Transaction ID: 60710.C103820
City Rome	State GA	Zip Code 30161
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Elizabeth Ivey

Mailing Address 1616 Carl Durham Road

City State Zip Code
 Chapel Hill NC 27516

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

133.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99255

Amount of Each Receipt this Period

20.00

Receipt

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

Elizabeth Ivey

Mailing Address 1616 Carl Durham Road

City State Zip Code
 Chapel Hill NC 27516

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

153.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99441

Amount of Each Receipt this Period

20.00

Receipt

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

Elizabeth Ivey

Mailing Address 1616 Carl Durham Road

City State Zip Code
 Chapel Hill NC 27516

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

173.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101413

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Elizabeth Ivey

Mailing Address 1616 Carl Durham Road

City	State	Zip Code
Chapel Hill	NC	27516

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	0	6

Transaction ID: 60608.C102681

Amount of Each Receipt this Period

50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Elizabeth Ivey

Mailing Address 1616 Carl Durham Road

City	State	Zip Code
Chapel Hill	NC	27516

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	6

Transaction ID: 60710.C103924

Amount of Each Receipt this Period

25.00

Receipt

C. Full Name (Last, First, Middle Initial)
Elizabeth Ivey

Mailing Address 1616 Carl Durham Road

City	State	Zip Code
Chapel Hill	NC	27516

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

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

Transaction ID: 60710.C105387

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Lloyd Jack Mailing Address 1423 W. Lorain Court City Appleton State WI Zip Code 54914-3358 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C102604 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">225.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	6	225.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	6		2	0	0	6																							
225.00																																
B. Full Name (Last, First, Middle Initial) Lorena Jaeb Mailing Address PO Box 428 City Mango State FL Zip Code 33550 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60414.C98725 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	2		2	0	0	6																							
500.00																																
C. Full Name (Last, First, Middle Initial) Lorena Jaeb Mailing Address PO Box 428 City Mango State FL Zip Code 33550 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60710.C104868 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	6	1000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		1	9		2	0	0	6																							
1000.00																																

SUBTOTAL of Receipts This Page (optional)

1725.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Lorena Jaeb		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address PO Box 428		Transaction ID: 60710.C105302
City Mango	State FL	Zip Code 33550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3100.00	

B. Full Name (Last, First, Middle Initial) Mary Eileen Jalliet		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 1135 SW Old Sheridan Road		Transaction ID: 60608.C100972
City McMinnville	State OR	Zip Code 97128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C. Full Name (Last, First, Middle Initial) Clifford Jenson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 71		Transaction ID: 60710.C104424
City Homer	State AK	Zip Code 99603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Jeanne John

Mailing Address 62 S Main Street

City State Zip Code
 Malad City ID 83252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101850

Amount of Each Receipt this Period

50.00

Receipt

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

Jeanne John

Mailing Address 62 S Main Street

City State Zip Code
 Malad City ID 83252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101914

Amount of Each Receipt this Period

35.00

Receipt

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

Jeanne John

Mailing Address 62 S Main Street

City State Zip Code
 Malad City ID 83252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 60710.C104689

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Jeanne John

Mailing Address 62 S Main Street

City State Zip Code
 Malad City ID 83252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: 60710.C106049

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. James Kelley

Mailing Address 10942 Gregory Lane

City State Zip Code
 North Royalton OH 44133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99252

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. James Kelley

Mailing Address 10942 Gregory Lane

City State Zip Code
 North Royalton OH 44133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: 60608.C100846

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 125 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

James Kelley

Mailing Address 10942 Gregory Lane

City State Zip Code
 North Royalton OH 44133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 6

Transaction ID: 60608.C102883

Amount of Each Receipt this Period

25.00

Receipt

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

James Kelley

Mailing Address 10942 Gregory Lane

City State Zip Code
 North Royalton OH 44133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID: 60710.C104245

Amount of Each Receipt this Period

25.00

Receipt

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

Sandra Kemp

Mailing Address PO Box 7710

City State Zip Code
 Tifton GA 31793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104997

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Fred Kerr

Mailing Address 5310 Hwy 65

City State Zip Code
 Chillicothe MO 64601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C100186

Amount of Each Receipt this Period

250.00

Receipt

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

Fred Kerr

Mailing Address 5310 Hwy 65

City State Zip Code
 Chillicothe MO 64601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 60608.C102841

Amount of Each Receipt this Period

100.00

Receipt

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

Fred Kerr

Mailing Address 5310 Hwy 65

City State Zip Code
 Chillicothe MO 64601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 60608.C102825

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A.		Full Name (Last, First, Middle Initial) Fred Kerr		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address		5310 Hwy 65		Transaction ID: 60710.C104692	
City		State		Zip Code	
Chillicothe		MO		64601	
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period 300.00	
Name of Employer Self		Occupation Farmer		Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

B.		Full Name (Last, First, Middle Initial) Fred Kerr		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 6	
Mailing Address		5310 Hwy 65		Transaction ID: 60710.C105560	
City		State		Zip Code	
Chillicothe		MO		64601	
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period 250.00	
Name of Employer Self		Occupation Farmer		Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1750.00			

C.		Full Name (Last, First, Middle Initial) Fred Kerr		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address		5310 Hwy 65		Transaction ID: 60710.C106051	
City		State		Zip Code	
Chillicothe		MO		64601	
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period 300.00	
Name of Employer Self		Occupation Farmer		Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2050.00			

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 128 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Victor Ketter Mailing Address 10925 W Palmeras Dr City State Zip Code Sun City AZ 85373 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6 Transaction ID: 60414.C98079 Amount of Each Receipt this Period 25.00 Receipt
B. Full Name (Last, First, Middle Initial) Victor Ketter Mailing Address 10925 W Palmeras Dr City State Zip Code Sun City AZ 85373 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: 60608.C99759 Amount of Each Receipt this Period 25.00 Receipt
C. Full Name (Last, First, Middle Initial) Victor Ketter Mailing Address 10925 W Palmeras Dr City State Zip Code Sun City AZ 85373 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6 Transaction ID: 60608.C100335 Amount of Each Receipt this Period 25.00 Receipt
SUBTOTAL of Receipts This Page (optional) ▶		75.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 129 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Victor Ketter

Mailing Address 10925 W Palmeras Dr

City State Zip Code
 Sun City AZ 85373

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C99881

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

B. Victor Ketter

Mailing Address 10925 W Palmeras Dr

City State Zip Code
 Sun City AZ 85373

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101931

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

C. Victor Ketter

Mailing Address 10925 W Palmeras Dr

City State Zip Code
 Sun City AZ 85373

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101870

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Victor Ketter

Mailing Address 10925 W Palmeras Dr

City	State	Zip Code
Sun City	AZ	85373

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 60608.C103099

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

B. Victor Ketter

Mailing Address 10925 W Palmeras Dr

City	State	Zip Code
Sun City	AZ	85373

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

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

Transaction ID: 60710.C105564

Amount of Each Receipt this Period

45.00

Receipt

Full Name (Last, First, Middle Initial)

C. Glynn Key

Mailing Address 3241 Highway 164

City	State	Zip Code
Mc David	FL	32568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	6

Transaction ID: 60414.C98864

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 131 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Glynn Key Mailing Address 3241 Highway 164 City State Zip Code Mc David FL 32568 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt MM / DD / YYYY 06 / 06 / 2006 Transaction ID: 60608.C103284 Amount of Each Receipt this Period 300.00 Receipt
B. Full Name (Last, First, Middle Initial) Glynn Key Mailing Address 3241 Highway 164 City State Zip Code Mc David FL 32568 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 09 / 2006 Transaction ID: 60710.C104003 Amount of Each Receipt this Period 100.00 Receipt
C. Full Name (Last, First, Middle Initial) Ruth KiDufresne Mailing Address 5241 Utica Street City State Zip Code Metairie LA 70006 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 45.00		Date of Receipt MM / DD / YYYY 04 / 12 / 2006 Transaction ID: 60414.C98782 Amount of Each Receipt this Period 15.00 Receipt

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 132 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Ruth KiDufresne Mailing Address 5241 Utica Street City Metairie State LA Zip Code 70006 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 65.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6 Transaction ID: 60414.C98836 Amount of Each Receipt this Period 20.00 Receipt
B. Full Name (Last, First, Middle Initial) Ruth KiDufresne Mailing Address 5241 Utica Street City Metairie State LA Zip Code 70006 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 90.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: 60608.C99324 Amount of Each Receipt this Period 25.00 Receipt
C. Full Name (Last, First, Middle Initial) Ruth KiDufresne Mailing Address 5241 Utica Street City Metairie State LA Zip Code 70006 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 110.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: 60608.C99546 Amount of Each Receipt this Period 20.00 Receipt

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 133 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Ruth KiDufresne Mailing Address 5241 Utica Street City Metairie State LA Zip Code 70006 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 130.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6 Transaction ID: 60608.C100255 Amount of Each Receipt this Period 20.00 Receipt
B. Full Name (Last, First, Middle Initial) Ruth KiDufresne Mailing Address 5241 Utica Street City Metairie State LA Zip Code 70006 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 155.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 60608.C100436 Amount of Each Receipt this Period 25.00 Receipt
C. Full Name (Last, First, Middle Initial) Ruth KiDufresne Mailing Address 5241 Utica Street City Metairie State LA Zip Code 70006 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 180.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6 Transaction ID: 60608.C101050 Amount of Each Receipt this Period 25.00 Receipt

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 134 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Ruth KiDufresne Mailing Address 5241 Utica Street City Metairie State LA Zip Code 70006 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00		Date of Receipt MM / DD / YYYY 05 / 23 / 2006 Transaction ID: 60608.C101277 Amount of Each Receipt this Period 25.00 Receipt
B. Full Name (Last, First, Middle Initial) Ruth KiDufresne Mailing Address 5241 Utica Street City Metairie State LA Zip Code 70006 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 06 / 01 / 2006 Transaction ID: 60608.C102997 Amount of Each Receipt this Period 20.00 Receipt
C. Full Name (Last, First, Middle Initial) Ruth KiDufresne Mailing Address 5241 Utica Street City Metairie State LA Zip Code 70006 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt MM / DD / YYYY 06 / 01 / 2006 Transaction ID: 60608.C102995 Amount of Each Receipt this Period 15.00 Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Ruth KiDufresne Mailing Address 5241 Utica Street City State Zip Code Metairie LA 70006 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: 60608.C103388 Amount of Each Receipt this Period 20.00 Receipt
B. Full Name (Last, First, Middle Initial) John Kilborn Mailing Address 29 Glow Lane City State Zip Code Hicksville NY 11801 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 151.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6 Transaction ID: 60414.C98564 Amount of Each Receipt this Period 38.00 Receipt
C. Full Name (Last, First, Middle Initial) John Kilborn Mailing Address 29 Glow Lane City State Zip Code Hicksville NY 11801 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 189.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 60608.C100516 Amount of Each Receipt this Period 38.00 Receipt
SUBTOTAL of Receipts This Page (optional) ▶		96.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 136 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

John Kilborn

Mailing Address 29 Glow Lane

City State Zip Code
Hicksville NY 11801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101735

Amount of Each Receipt this Period

38.00

Receipt

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

John Kilborn

Mailing Address 29 Glow Lane

City State Zip Code
Hicksville NY 11801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

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

Transaction ID: 60608.C103035

Amount of Each Receipt this Period

50.00

Receipt

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

John Kilborn

Mailing Address 29 Glow Lane

City State Zip Code
Hicksville NY 11801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: 60710.C105974

Amount of Each Receipt this Period

38.00

Receipt

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Walter Kleiner

Mailing Address 1725 89th Avenue NE

City	State	Zip Code
Clyde Hill	WA	98004

FEC ID number of contributing
federal political committee.**C**Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	6

Transaction ID: 60608.C101238

Amount of Each Receipt this Period

300.00

Receipt

Full Name (Last, First, Middle Initial)

B. Walter Kleiner

Mailing Address 1725 89th Avenue NE

City	State	Zip Code
Clyde Hill	WA	98004

FEC ID number of contributing
federal political committee.**C**Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 60608.C103524

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

C. SARAH KNIGHT

Mailing Address 9 SOUTHFIELD RD

City	State	Zip Code
Glen Burnie	MD	21060

FEC ID number of contributing
federal political committee.**C**Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	6

Transaction ID: 60608.C99806

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) HERMAN KOHL Mailing Address 190 NW 3RD AVE City Ontario State OR Zip Code 97914 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 20.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C100289 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		0	3		2	0	0	6																							
20.00																																
B. Full Name (Last, First, Middle Initial) HERMAN KOHL Mailing Address 190 NW 3RD AVE City Ontario State OR Zip Code 97914 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 70.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C101511 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	0	6	50.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	3		2	0	0	6																							
50.00																																
C. Full Name (Last, First, Middle Initial) HERMAN KOHL Mailing Address 190 NW 3RD AVE City Ontario State OR Zip Code 97914 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 90.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C103206 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		0	2		2	0	0	6																							
20.00																																

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 139 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) HERMAN KOHL		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	2		2	0	0	6													
Mailing Address 190 NW 3RD AVE		Transaction ID: 60710.C104171																				
City State Zip Code Ontario OR 97914		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																						
FEC ID number of contributing federal political committee. C		Receipt																				
Name of Employer None	Occupation Retired																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">115.00</td> </tr> </table>		115.00																			
115.00																						

B. Full Name (Last, First, Middle Initial) HERMAN KOHL		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	3		2	0	0	6													
Mailing Address 190 NW 3RD AVE		Transaction ID: 60710.C104359																				
City State Zip Code Ontario OR 97914		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																						
FEC ID number of contributing federal political committee. C		Receipt																				
Name of Employer None	Occupation Retired																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">215.00</td> </tr> </table>		215.00																			
215.00																						

C. Full Name (Last, First, Middle Initial) Willene Koski		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	6		2	0	0	6													
Mailing Address 5737 SW Spokane Street		Transaction ID: 60608.C101024																				
City State Zip Code Seattle WA 98116		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																						
FEC ID number of contributing federal political committee. C		Receipt																				
Name of Employer None	Occupation Retired																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">260.00</td> </tr> </table>		260.00																			
260.00																						

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 140 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Willene Koski

Mailing Address 5737 SW Spokane Street

City State Zip Code
 Seattle WA 98116

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: 60608.C102621

Amount of Each Receipt this Period

20.00

Receipt

Full Name (Last, First, Middle Initial)

B. Willene Koski

Mailing Address 5737 SW Spokane Street

City State Zip Code
 Seattle WA 98116

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: 60608.C103211

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

C. Willene Koski

Mailing Address 5737 SW Spokane Street

City State Zip Code
 Seattle WA 98116

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

Transaction ID: 60710.C104569

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 141 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Willene Koski

Mailing Address 5737 SW Spokane Street

City State Zip Code
 Seattle WA 98116

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

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

Transaction ID: 60710.C105005

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. Willene Koski

Mailing Address 5737 SW Spokane Street

City State Zip Code
 Seattle WA 98116

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

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

Transaction ID: 60710.C105259

Amount of Each Receipt this Period

300.00

Receipt

Full Name (Last, First, Middle Initial)

C. E Lillian Lamb

Mailing Address 1719 W 239th Street

City State Zip Code
 Torrance CA 90501

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

161.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C99917

Amount of Each Receipt this Period

38.00

Receipt

SUBTOTAL of Receipts This Page (optional)

438.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 142 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) E Lillian Lamb Mailing Address 1719 W 239th Street City Torrance State CA Zip Code 90501 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 196.00		Date of Receipt MM / DD / YYYY 05 / 25 / 2006 Transaction ID: 60608.C102443 Amount of Each Receipt this Period 35.00 Receipt
B. Full Name (Last, First, Middle Initial) E Lillian Lamb Mailing Address 1719 W 239th Street City Torrance State CA Zip Code 90501 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.00		Date of Receipt MM / DD / YYYY 06 / 02 / 2006 Transaction ID: 60608.C103108 Amount of Each Receipt this Period 25.00 Receipt
C. Full Name (Last, First, Middle Initial) Jerry Lausmann Mailing Address PO Box 1608 City Medford State OR Zip Code 97501 FEC ID number of contributing federal political committee. C Name of Employer Kogap Enterprises Inc Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt MM / DD / YYYY 04 / 11 / 2006 Transaction ID: 60414.C98777 Amount of Each Receipt this Period 200.00 Receipt

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 143 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Victor Lazar

Mailing Address 108 Woolf Lane

City State Zip Code
 Ithaca NY 14850

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 60710.C104547

Amount of Each Receipt this Period

200.00

Receipt

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

Francis Lehar

Mailing Address PO Box 1482

City State Zip Code
 Manchester MA 01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5100.00

Date of Receipt

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

Transaction ID: 60710.C105661

Amount of Each Receipt this Period

100.00

Receipt

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

Francis Lehar

Mailing Address PO Box 1482

City State Zip Code
 Manchester MA 01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6100.00

Date of Receipt

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

Transaction ID: 60710.C105626

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 144 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. James Long

Mailing Address 14223 Hunter Hill Drive

City State Zip Code
 San Antonio TX 78217

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100725

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. James Long

Mailing Address 14223 Hunter Hill Drive

City State Zip Code
 San Antonio TX 78217

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104848

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

C. James Long

Mailing Address 14223 Hunter Hill Drive

City State Zip Code
 San Antonio TX 78217

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 60710.C105877

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Robert Long Mailing Address 2205 Channel Way City State Zip Code North Fort Myers FL 33917 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: 60608.C99334 Amount of Each Receipt this Period 75.00 Receipt
Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00		
B. Full Name (Last, First, Middle Initial) Robert Long Mailing Address 2205 Channel Way City State Zip Code North Fort Myers FL 33917 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 60608.C100450 Amount of Each Receipt this Period 75.00 Receipt
Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		
C. Full Name (Last, First, Middle Initial) Caleb Loring Mailing Address P.O. Box 235 City State Zip Code Prides Crossing MA 01965 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6 Transaction ID: 60608.C100189 Amount of Each Receipt this Period 250.00 Receipt
Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional) ▶		400.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 146 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Bernard Louis		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 29686 Louis Lane		Transaction ID: 60608.C99005
City Cazenovia	State WI	Zip Code 53924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 85.00	

B. Full Name (Last, First, Middle Initial) Bernard Louis		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 29686 Louis Lane		Transaction ID: 60608.C99473
City Cazenovia	State WI	Zip Code 53924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

C. Full Name (Last, First, Middle Initial) Bernard Louis		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 29686 Louis Lane		Transaction ID: 60608.C99284
City Cazenovia	State WI	Zip Code 53924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 110.00	

SUBTOTAL of Receipts This Page (optional)

35.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Bernard Louis Mailing Address 29686 Louis Lane City Cazenovia State WI Zip Code 53924 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 130.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C101548 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	3		2	0	0	6																							
20.00																																
B. Full Name (Last, First, Middle Initial) Bernard Louis Mailing Address 29686 Louis Lane City Cazenovia State WI Zip Code 53924 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C103436 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		0	6		2	0	0	6																							
20.00																																
C. Full Name (Last, First, Middle Initial) Bernard Louis Mailing Address 29686 Louis Lane City Cazenovia State WI Zip Code 53924 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 170.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C103668 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	0	6	20.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		0	7		2	0	0	6																							
20.00																																
SUBTOTAL of Receipts This Page (optional)		<table border="1"> <tr> <td colspan="10">60.00</td> </tr> </table>	60.00																													
60.00																																
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

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

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

FOR LINE NUMBER: PAGE 148 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Bernard Louis		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 29686 Louis Lane		Transaction ID: 60710.C104729
City Cazenovia	State WI	Zip Code 53924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 185.00	

B. Full Name (Last, First, Middle Initial) Bernard Louis		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 29686 Louis Lane		Transaction ID: 60710.C105544
City Cazenovia	State WI	Zip Code 53924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

C. Full Name (Last, First, Middle Initial) Bernard Louis		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 29686 Louis Lane		Transaction ID: 60710.C105602
City Cazenovia	State WI	Zip Code 53924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. William Ludwick

Mailing Address 18845 12th Avenue N

City	State	Zip Code
Plymouth	MN	55447

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	6

Transaction ID: 60608.C102214

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Steven MacKellar

Mailing Address 3052 SW 27th Ct.

City	State	Zip Code
Cape Coral	FL	33914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	6

Transaction ID: 60608.C99652

Amount of Each Receipt this Period

250.00

Receipt

Full Name (Last, First, Middle Initial)

C. Fay Manthel

Mailing Address 13214 690th Avenue

City	State	Zip Code
Taopi	MN	55977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	6

Transaction ID: 60608.C101569

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 150 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Fay Manthel		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 13214 690th Avenue		Transaction ID: 60608.C103237
City State Zip Code Taopi MN 55977	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) BETTY MARTIN		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 821 N FIFE ST		Transaction ID: 60710.C105479
City State Zip Code Tacoma WA 98406	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Eilene Martin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 2282 New State Road		Transaction ID: 60608.C100053
City State Zip Code Norwalk OH 44857	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 150.00	

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 151 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Eilene Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 2282 New State Road		Transaction ID: 60608.C101378
City Norwalk	State OH	Zip Code 44857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Jean Masters		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 1150 S Oak Knoll Drive		Transaction ID: 60414.C98509
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C. Full Name (Last, First, Middle Initial) Jean Masters		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1150 S Oak Knoll Drive		Transaction ID: 60710.C104163
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 152 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Marilyn Mc Intyre
Mailing Address 5 Rue Valbonne

City State Zip Code
Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60414.C98093

Amount of Each Receipt this Period

500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Marilyn Mc Intyre
Mailing Address 5 Rue Valbonne

City State Zip Code
Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 60608.C103370

Amount of Each Receipt this Period

500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Leslie McClelland
Mailing Address P.O. Box 310

City State Zip Code
Lancaster OH 43130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99478

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 153 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) George McClintock		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	2		2	0	0	6													
Mailing Address 2905 Gulf Shore Boulevard N, #201		Transaction ID: 60710.C104165																				
City Naples	State FL	Zip Code 34103																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																				
Name of Employer Information Requested	Occupation Information Requested	Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00																					

B. Full Name (Last, First, Middle Initial) Jeremiah McCloskey		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	3		2	0	0	6													
Mailing Address 463 First Street, Apt. 8L		Transaction ID: 60710.C105357																				
City Hoboken	State NJ	Zip Code 07030																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00																				
Name of Employer PATH	Occupation Communication	Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00																					

C. Full Name (Last, First, Middle Initial) R. Bruce McCloskey		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	2		2	0	0	6													
Mailing Address 709 St. Marys Road		Transaction ID: 60414.C98727																				
City Villa Ridge	State MO	Zip Code 63089																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00																				
Name of Employer Information Requested	Occupation Information Requested	Receipt																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00																					

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) R. Bruce McCloskey Mailing Address 709 St. Marys Road City Villa Ridge State MO Zip Code 63089 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60414.C98822 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	0	6	200.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	2		2	0	0	6																							
200.00																																
B. Full Name (Last, First, Middle Initial) R. Bruce McCloskey Mailing Address 709 St. Marys Road City Villa Ridge State MO Zip Code 63089 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C100199 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	0	6	100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		0	3		2	0	0	6																							
100.00																																
C. Full Name (Last, First, Middle Initial) R. Bruce McCloskey Mailing Address 709 St. Marys Road City Villa Ridge State MO Zip Code 63089 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C102301 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	5		2	0	0	6																							
250.00																																

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 155 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
R. Bruce McCloskey
Mailing Address 709 St. Marys Road

City State Zip Code
Villa Ridge MO 63089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102350

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)
R. Bruce McCloskey
Mailing Address 709 St. Marys Road

City State Zip Code
Villa Ridge MO 63089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: 60608.C103342

Amount of Each Receipt this Period

200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ellis McCracken
Mailing Address 1130 Steubenville Avenue

City State Zip Code
Cambridge OH 43725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98651

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 156 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Ellis McCracken		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 1130 Steubenville Avenue		Transaction ID: 60608.C99786
City Cambridge	State OH	Zip Code 43725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) Ellis McCracken		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1130 Steubenville Avenue		Transaction ID: 60710.C105824
City Cambridge	State OH	Zip Code 43725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C. Full Name (Last, First, Middle Initial) Newell McCuen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 1111 Devonshire Way		Transaction ID: 60414.C98489
City Palm Beach Gardens	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 157 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Newell McCuen
Mailing Address 1111 Devonshire Way

City State Zip Code
Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 60608.C103583

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)
FRANCES MCDOWELL
Mailing Address 416 BEACHSIDE PL

City State Zip Code
Fernandina Beach FL 32034

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 60710.C104543

Amount of Each Receipt this Period

250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lewis McLean
Mailing Address PO Box 264

City State Zip Code
Livingston AL 35470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102300

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 158 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Mary McMullen

Mailing Address 3220 Independence Drive Apt. 105

City State Zip Code
 Danville IL 61832

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C98943

Amount of Each Receipt this Period

25.00

Receipt

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

Mary McMullen

Mailing Address 3220 Independence Drive Apt. 105

City State Zip Code
 Danville IL 61832

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 5 / 2 0 0 6

Transaction ID: 60608.C100518

Amount of Each Receipt this Period

35.00

Receipt

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

Mary McMullen

Mailing Address 3220 Independence Drive Apt. 105

City State Zip Code
 Danville IL 61832

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102452

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 159 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Mary McMullen

Mailing Address 3220 Independence Drive Apt. 105

City State Zip Code
Danville IL 61832

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 60710.C105646

Amount of Each Receipt this Period

25.00

Receipt

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

Alma Medsker

Mailing Address 2620 Chuckey Pike

City State Zip Code
Chuckey TN 37641

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99750

Amount of Each Receipt this Period

50.00

Receipt

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

Alma Medsker

Mailing Address 2620 Chuckey Pike

City State Zip Code
Chuckey TN 37641

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101332

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 160 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Alma Medsker

Mailing Address 2620 Chuckey Pike

City State Zip Code
 Chuckey TN 37641

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 60710.C104472

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. JOHN MENOUDAKOS

Mailing Address PO BOX 541

City State Zip Code
 New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medaco

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99689

Amount of Each Receipt this Period

250.00

Receipt

Full Name (Last, First, Middle Initial)

C. Willemine Meyjes

Mailing Address 2908 Old Majestic St

City State Zip Code
 Las Vegas NV 89108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99346

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 161 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Willemine Meyjes

Mailing Address 2908 Old Majestic St

City State Zip Code
 Las Vegas NV 89108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99842

Amount of Each Receipt this Period

30.00

Receipt

Full Name (Last, First, Middle Initial)

B. Willemine Meyjes

Mailing Address 2908 Old Majestic St

City State Zip Code
 Las Vegas NV 89108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101316

Amount of Each Receipt this Period

30.00

Receipt

Full Name (Last, First, Middle Initial)

C. Willemine Meyjes

Mailing Address 2908 Old Majestic St

City State Zip Code
 Las Vegas NV 89108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

155.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102465

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 162 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Willemine Meyjes

Mailing Address 2908 Old Majestic St

City State Zip Code
 Las Vegas NV 89108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

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

Transaction ID: 60608.C103611

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

B. Willemine Meyjes

Mailing Address 2908 Old Majestic St

City State Zip Code
 Las Vegas NV 89108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 9 / 2 0 0 6

Transaction ID: 60710.C104117

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

C. Keith Mitchell

Mailing Address 9264 SW 109TH LN

City State Zip Code
 Ocala FL 34481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

178.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101366

Amount of Each Receipt this Period

53.00

Receipt

SUBTOTAL of Receipts This Page (optional)

123.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Keith Mitchell		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 9264 SW 109TH LN		Transaction ID: 60710.C104821
City Ocala	State FL	Zip Code 34481
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

B. Full Name (Last, First, Middle Initial) Melvin Moe		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 1102 S 114th Street SP 61		Transaction ID: 60608.C99214
City Mesa	State AZ	Zip Code 85208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 85.00	

C. Full Name (Last, First, Middle Initial) Melvin Moe		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1102 S 114th Street SP 61		Transaction ID: 60608.C100217
City Mesa	State AZ	Zip Code 85208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.00	

SUBTOTAL of Receipts This Page (optional)

98.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Melvin Moe		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 1102 S 114th Street SP 61		Transaction ID: 60608.C99882
City Mesa	State AZ	Zip Code 85208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

B. Full Name (Last, First, Middle Initial) Melvin Moe		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 1102 S 114th Street SP 61		Transaction ID: 60608.C101443
City Mesa	State AZ	Zip Code 85208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C. Full Name (Last, First, Middle Initial) Melvin Moe		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 1102 S 114th Street SP 61		Transaction ID: 60608.C101459
City Mesa	State AZ	Zip Code 85208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Melvin Moe		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 1102 S 114th Street SP 61		Transaction ID: 60608.C101896
City Mesa	State AZ	Zip Code 85208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

B. Full Name (Last, First, Middle Initial) Melvin Moe		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 1102 S 114th Street SP 61		Transaction ID: 60608.C102650
City Mesa	State AZ	Zip Code 85208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

C. Full Name (Last, First, Middle Initial) Melvin Moe		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1102 S 114th Street SP 61		Transaction ID: 60710.C104155
City Mesa	State AZ	Zip Code 85208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Melvin Moe		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1102 S 114th Street SP 61		Transaction ID: 60710.C104357
City Mesa	State AZ	Zip Code 85208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

B. Full Name (Last, First, Middle Initial) Melvin Moe		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 1102 S 114th Street SP 61		Transaction ID: 60710.C105101
City Mesa	State AZ	Zip Code 85208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C. Full Name (Last, First, Middle Initial) Melvin Moe		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 1102 S 114th Street SP 61		Transaction ID: 60710.C105339
City Mesa	State AZ	Zip Code 85208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 167 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Dudley Moore Mailing Address 4401 Northside Pkwy NW Suite 500 City Atlanta State GA Zip Code 30327 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 06 / 06 / 2006 Transaction ID: 60608.C103586 Amount of Each Receipt this Period 500.00 Receipt
B. Full Name (Last, First, Middle Initial) Joseph Moore Mailing Address P.O. Box 5132 City Sun City West State AZ Zip Code 85376 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt MM / DD / YYYY 04 / 26 / 2006 Transaction ID: 60608.C99477 Amount of Each Receipt this Period 200.00 Receipt
C. Full Name (Last, First, Middle Initial) Joseph Moore Mailing Address P.O. Box 5132 City Sun City West State AZ Zip Code 85376 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 05 / 23 / 2006 Transaction ID: 60608.C101538 Amount of Each Receipt this Period 100.00 Receipt

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Purnie Moore Mailing Address 1732 Lake Park Circle City Birmingham State AL Zip Code 35220 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: 60608.C99828 Amount of Each Receipt this Period 250.00 Receipt
B. Full Name (Last, First, Middle Initial) Beryle Morgan Mailing Address 1909 Weeping Willow Street City Burleson State TX Zip Code 76028 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 175.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: 60608.C99321 Amount of Each Receipt this Period 25.00 Receipt
C. Full Name (Last, First, Middle Initial) Beryle Morgan Mailing Address 1909 Weeping Willow Street City Burleson State TX Zip Code 76028 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6 Transaction ID: 60608.C102314 Amount of Each Receipt this Period 25.00 Receipt
SUBTOTAL of Receipts This Page (optional) ▶		300.00
TOTAL This Period (last page this line number only) ▶		

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Beryle Morgan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1909 Weeping Willow Street		Transaction ID: 60608.C103059
City Burleson	State TX	Zip Code 76028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B. Full Name (Last, First, Middle Initial) Beryle Morgan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 1909 Weeping Willow Street		Transaction ID: 60710.C104978
City Burleson	State TX	Zip Code 76028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) George Murray		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 319 Concord Road		Transaction ID: 60608.C101882
City Weston	State MA	Zip Code 02493-1310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 113.00
Name of Employer Self-Employed	Occupation Physician	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.00	

SUBTOTAL of Receipts This Page (optional)

163.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) George Murray		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 319 Concord Road		Transaction ID: 60710.C105860
City Weston	State MA	Zip Code 02493-1310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 113.00
Name of Employer Self-Employed	Occupation Physician	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 339.00	

B. Full Name (Last, First, Middle Initial) Stanley Myers		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 916 Ivory Coast Street		Transaction ID: 60608.C99158
City Sebring	State FL	Zip Code 33875
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physician	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

C. Full Name (Last, First, Middle Initial) Stanley Myers		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 916 Ivory Coast Street		Transaction ID: 60608.C100166
City Sebring	State FL	Zip Code 33875
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Physician	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)

213.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Stanley Myers

Mailing Address 916 Ivory Coast Street

City State Zip Code
 Sebring FL 33875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: 60608.C103545

Amount of Each Receipt this Period

50.00

Receipt

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

Stanley Myers

Mailing Address 916 Ivory Coast Street

City State Zip Code
 Sebring FL 33875

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C105002

Amount of Each Receipt this Period

50.00

Receipt

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

George Neall

Mailing Address 5452 Tates Bank Road

City State Zip Code
 Cambridge MD 21613

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 60710.C105444

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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FOR LINE NUMBER: PAGE 172 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Catherine Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 920 Beachside Lane		Transaction ID: 60710.C104189
City Huron	State OH	Zip Code 44839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Mary Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 5 Ivy Trail		Transaction ID: 60414.C98095
City Greenville	State SC	Zip Code 29615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Mary Nelson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 5 Ivy Trail		Transaction ID: 60608.C100961
City Greenville	State SC	Zip Code 29615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-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 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 173 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Davis Newton		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 5866 Timber Dr.		Transaction ID: 60608.C99499
City Columbus	State OH	Zip Code 43213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

B. Full Name (Last, First, Middle Initial) Davis Newton		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 5866 Timber Dr.		Transaction ID: 60608.C103765
City Columbus	State OH	Zip Code 43213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Arthur Nielsen		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 2592 7th Street		Transaction ID: 60608.C100606
City Atwater	State CA	Zip Code 95301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-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 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)
A. Arthur Nielsen

Mailing Address 2592 7th Street

City	State	Zip Code
Atwater	CA	95301

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

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

Transaction ID: 60710.C105881

Amount of Each Receipt this Period

7.00

Receipt

Full Name (Last, First, Middle Initial)
B. Wilma Nixon

Mailing Address 8701 Mayfield Road, Lot 121

City	State	Zip Code
Chesterland	OH	44026

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	6

Transaction ID: 60608.C99067

Amount of Each Receipt this Period

113.00

Receipt

Full Name (Last, First, Middle Initial)
C. Wilma Nixon

Mailing Address 8701 Mayfield Road, Lot 121

City	State	Zip Code
Chesterland	OH	44026

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	0	6

Transaction ID: 60608.C100256

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Wilma Nixon Mailing Address 8701 Mayfield Road, Lot 121 City State Zip Code Chesterland OH 44026 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 399.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6 Transaction ID: 60608.C99972 Amount of Each Receipt this Period 35.00 Receipt
B. Full Name (Last, First, Middle Initial) Wilma Nixon Mailing Address 8701 Mayfield Road, Lot 121 City State Zip Code Chesterland OH 44026 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 512.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6 Transaction ID: 60608.C99866 Amount of Each Receipt this Period 113.00 Receipt
C. Full Name (Last, First, Middle Initial) Wilma Nixon Mailing Address 8701 Mayfield Road, Lot 121 City State Zip Code Chesterland OH 44026 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6 Transaction ID: 60710.C104674 Amount of Each Receipt this Period 113.00 Receipt
SUBTOTAL of Receipts This Page (optional) ▶		261.00
TOTAL This Period (last page this line number only) ▶		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Wilma Nixon		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 8701 Mayfield Road, Lot 121		Transaction ID: 60710.C105606
City Chesterland	State OH	Zip Code 44026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

B. Full Name (Last, First, Middle Initial) Wilma Nixon		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 8701 Mayfield Road, Lot 121		Transaction ID: 60710.C105801
City Chesterland	State OH	Zip Code 44026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 113.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 788.00	

C. Full Name (Last, First, Middle Initial) Helen Norbeck		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 2758 State Route 103		Transaction ID: 60608.C100452
City Bluffton	State OH	Zip Code 45817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)

388.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 177 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Gilbert Norris

Mailing Address PO Box 667

City

Weiser

State

ID

Zip Code

83672-0667

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98820

Amount of Each Receipt this Period

100.00

Receipt

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

Gilbert Norris

Mailing Address PO Box 667

City

Weiser

State

ID

Zip Code

83672-0667

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 60608.C102885

Amount of Each Receipt this Period

200.00

Receipt

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

VICTORIA H NOWLIN

Mailing Address PO BOX 6277

City

Brookings

State

OR

Zip Code

97415

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101753

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 178 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Harrison Noyes		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 186 Jerry Browne Rd. Unit No 3312		Transaction ID: 60608.C101926
City Mystic	State CT	Zip Code 06355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B. Full Name (Last, First, Middle Initial) Harrison Noyes		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 186 Jerry Browne Rd. Unit No 3312		Transaction ID: 60608.C102686
City Mystic	State CT	Zip Code 06355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C. Full Name (Last, First, Middle Initial) Cecil OBrate		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address PO Box 399		Transaction ID: 60608.C99088
City Garden City	State KS	Zip Code 67846
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Cecil OBrate		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address PO Box 399		Transaction ID: 60608.C102342
City Garden City	State KS	Zip Code 67846
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Joan ODonnell		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 820 Steele Drive		Transaction ID: 60608.C100129
City Brea	State CA	Zip Code 92821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Homemaker	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C. Full Name (Last, First, Middle Initial) Joan ODonnell		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 820 Steele Drive		Transaction ID: 60608.C100999
City Brea	State CA	Zip Code 92821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Homemaker	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Joan ODonnell

Mailing Address 820 Steele Drive

City State Zip Code
 Brea CA 92821

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101317

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. Joan ODonnell

Mailing Address 820 Steele Drive

City State Zip Code
 Brea CA 92821

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: 60608.C103655

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

C. Helen Ochs

Mailing Address R.R 1, Box 43C

City State Zip Code
 Tionesta PA 16353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 5 / 2 0 0 6

Transaction ID: 60608.C100431

Amount of Each Receipt this Period

60.00

Receipt

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 181 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Helen Ochs		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address R.R 1, Box 43C		Transaction ID: 60608.C101096
City Tionesta	State PA	Zip Code 16353
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 150.00	

Receipt

B. Full Name (Last, First, Middle Initial) Helen Ochs		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address R.R 1, Box 43C		Transaction ID: 60608.C102620
City Tionesta	State PA	Zip Code 16353
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 185.00	

Receipt

C. Full Name (Last, First, Middle Initial) Helen Ochs		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address R.R 1, Box 43C		Transaction ID: 60608.C102799
City Tionesta	State PA	Zip Code 16353
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 235.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 182 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Helen Ochs

Mailing Address R.R 1, Box 43C

City State Zip Code
 Tionesta PA 16353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 60710.C105152

Amount of Each Receipt this Period

75.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ray Oden

Mailing Address 702 Thora Blvd

City State Zip Code
 Shreveport LA 71106

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99705

Amount of Each Receipt this Period

500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ray Oden

Mailing Address 702 Thora Blvd

City State Zip Code
 Shreveport LA 71106

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 60710.C103832

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Ray Oden Mailing Address 702 Thora Blvd City State Zip Code Shreveport LA 71106 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt MM / DD / YYYY 06 / 27 / 2006 Transaction ID: 60710.C105584 Amount of Each Receipt this Period 500.00 Receipt
B. Full Name (Last, First, Middle Initial) L. B. Olmon Mailing Address 1300 NE 16Th Ave. Apt. 605 City State Zip Code Portland OR 97232 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 75.00		Date of Receipt MM / DD / YYYY 05 / 08 / 2006 Transaction ID: 60608.C100769 Amount of Each Receipt this Period 75.00 Receipt
C. Full Name (Last, First, Middle Initial) L. B. Olmon Mailing Address 1300 NE 16Th Ave. Apt. 605 City State Zip Code Portland OR 97232 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 110.00		Date of Receipt MM / DD / YYYY 05 / 24 / 2006 Transaction ID: 60608.C101909 Amount of Each Receipt this Period 35.00 Receipt

SUBTOTAL of Receipts This Page (optional)

610.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) L. B. Olmon		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 1300 NE 16Th Ave. Apt. 605		Transaction ID: 60608.C102143
City Portland	State OR	Zip Code 97232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

B. Full Name (Last, First, Middle Initial) L. B. Olmon		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1300 NE 16Th Ave. Apt. 605		Transaction ID: 60710.C105897
City Portland	State OR	Zip Code 97232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

C. Full Name (Last, First, Middle Initial) Edward Olson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address PO Box 1075		Transaction ID: 60608.C99204
City Easley	State SC	Zip Code 29641
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 185 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Edward Olson Mailing Address PO Box 1075 City Easley State SC Zip Code 29641 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C99134 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">70.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	0	6	70.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	0		2	0	0	6																							
70.00																																
B. Full Name (Last, First, Middle Initial) Edward Olson Mailing Address PO Box 1075 City Easley State SC Zip Code 29641 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 430.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C99423 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">60.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	0	6	60.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	6		2	0	0	6																							
60.00																																
C. Full Name (Last, First, Middle Initial) Edward Olson Mailing Address PO Box 1075 City Easley State SC Zip Code 29641 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 565.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C100719 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">135.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0	6	135.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		0	8		2	0	0	6																							
135.00																																

SUBTOTAL of Receipts This Page (optional)

265.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Edward Olson

Mailing Address PO Box 1075

City	State	Zip Code
Easley	SC	29641

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

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

Transaction ID: 60608.C102946

Amount of Each Receipt this Period

100.00

Receipt

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

Edward Olson

Mailing Address PO Box 1075

City	State	Zip Code
Easley	SC	29641

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 60710.C105420

Amount of Each Receipt this Period

135.00

Receipt

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

Raymond Otwell

Mailing Address 514 Oakdale Dr.

City	State	Zip Code
Bremen	GA	30110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	0	6

Transaction ID: 60608.C101103

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Raymond Otwell

Mailing Address 514 Oakdale Dr.

City State Zip Code
Bremen GA 30110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 6

Transaction ID: 60608.C102658

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Arthur Pacheco

Mailing Address 281 W Golf View Drive

City State Zip Code
Tucson AZ 85737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 60608.C100966

Amount of Each Receipt this Period

150.00

Receipt

C. Full Name (Last, First, Middle Initial)
Doris Paris

Mailing Address 24 Mitchell Circle SE

City State Zip Code
Rome GA 30161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99674

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Doris Paris		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 24 Mitchell Circle SE		Transaction ID: 60608.C99848
City Rome	State GA	Zip Code 30161
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 185.00	

B. Full Name (Last, First, Middle Initial) Doris Paris		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 24 Mitchell Circle SE		Transaction ID: 60608.C101118
City Rome	State GA	Zip Code 30161
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

C. Full Name (Last, First, Middle Initial) ELIZABETH E. PARRY		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 1111 S LAKEMONT AVE APT 214		Transaction ID: 60710.C104873
City Winter Park	State FL	Zip Code 32792
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 255.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Vera Pember

Mailing Address 4055 N Pickwick Avenue

City State Zip Code
 Springfield MO 65803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.10

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 5 / 2 0 0 6

Transaction ID: 60608.C100423

Amount of Each Receipt this Period

150.00

Receipt

Full Name (Last, First, Middle Initial)

B. Vera Pember

Mailing Address 4055 N Pickwick Avenue

City State Zip Code
 Springfield MO 65803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.10

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101587

Amount of Each Receipt this Period

231.00

Receipt

Full Name (Last, First, Middle Initial)

C. Vera Pember

Mailing Address 4055 N Pickwick Avenue

City State Zip Code
 Springfield MO 65803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1043.10

Date of Receipt

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

Transaction ID: 60608.C103699

Amount of Each Receipt this Period

231.00

Receipt

SUBTOTAL of Receipts This Page (optional)

612.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Vera Pember

Mailing Address 4055 N Pickwick Avenue

City State Zip Code
 Springfield MO 65803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.10

Date of Receipt

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

Transaction ID: 60710.C105645

Amount of Each Receipt this Period

341.00

Receipt

Full Name (Last, First, Middle Initial)

B. Myron Pennington

Mailing Address 1241 N Kearns Drive

City State Zip Code
 Plainfield IL 60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99333

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Myron Pennington

Mailing Address 1241 N Kearns Drive

City State Zip Code
 Plainfield IL 60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C100379

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

426.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Marie Pero		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 3037 122nd Pl. NE		Transaction ID: 60608.C99884
City Bellevue	State WA	Zip Code 98005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) Jay Peters		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 3811 Darwin Road		Transaction ID: 60608.C103743
City Durham	State NC	Zip Code 27707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Durham Tech College	Occupation Professor	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Hugh Pierce		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address PO Box 3209		Transaction ID: 60414.C98488
City Palm Beach	State FL	Zip Code 33480-1409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Hugh Pierce

Mailing Address PO Box 3209

City State Zip Code
Palm Beach FL 33480-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101575

Amount of Each Receipt this Period

150.00

Receipt

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

Hugh Pierce

Mailing Address PO Box 3209

City State Zip Code
Palm Beach FL 33480-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: 60608.C103049

Amount of Each Receipt this Period

150.00

Receipt

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

Hugh Pierce

Mailing Address PO Box 3209

City State Zip Code
Palm Beach FL 33480-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 60608.C103762

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Helen Pittinger		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 4513 Wilmslow Road		Transaction ID: 60608.C99199
City Baltimore	State MD	Zip Code 21210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B. Full Name (Last, First, Middle Initial) Helen Pittinger		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 4513 Wilmslow Road		Transaction ID: 60608.C100685
City Baltimore	State MD	Zip Code 21210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

C. Full Name (Last, First, Middle Initial) Helen Pittinger		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 4513 Wilmslow Road		Transaction ID: 60608.C101899
City Baltimore	State MD	Zip Code 21210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Helen Pittinger		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 4513 Wilmslow Road		Transaction ID: 60608.C102925
City Baltimore	State MD	Zip Code 21210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

B. Full Name (Last, First, Middle Initial) Helen Pittinger		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 4513 Wilmslow Road		Transaction ID: 60710.C104874
City Baltimore	State MD	Zip Code 21210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

C. Full Name (Last, First, Middle Initial) Helen Pittinger		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 4513 Wilmslow Road		Transaction ID: 60710.C105239
City Baltimore	State MD	Zip Code 21210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Bernice Proctor

Mailing Address 130 Cardinal Creek Lane

City State Zip Code
 Athens GA 30606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C99206

Amount of Each Receipt this Period

50.00

Receipt

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

Bernice Proctor

Mailing Address 130 Cardinal Creek Lane

City State Zip Code
 Athens GA 30606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

185.00

Date of Receipt

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

Transaction ID: 60608.C103723

Amount of Each Receipt this Period

50.00

Receipt

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

Bernice Proctor

Mailing Address 130 Cardinal Creek Lane

City State Zip Code
 Athens GA 30606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: 60710.C105010

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Bernice Proctor

Mailing Address 130 Cardinal Creek Lane

City State Zip Code
 Athens GA 30606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: 60710.C105812

Amount of Each Receipt this Period

40.00

Receipt

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

Billy Raybon

Mailing Address 227 Crawford St.

City State Zip Code
 Buena Vista GA 31803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102228

Amount of Each Receipt this Period

500.00

Receipt

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

Daniel Reiman

Mailing Address PO Box 70763

City State Zip Code
 Fairbanks AK 99707

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98817

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Ann Remington

Mailing Address 2445 SW Pickford Street

City State Zip Code
 Corvallis OR 97333

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98611

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

B. Ann Remington

Mailing Address 2445 SW Pickford Street

City State Zip Code
 Corvallis OR 97333

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99466

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

C. Ann Remington

Mailing Address 2445 SW Pickford Street

City State Zip Code
 Corvallis OR 97333

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 5 / 2 0 0 6

Transaction ID: 60608.C100530

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Ann Remington

Mailing Address 2445 SW Pickford Street

City State Zip Code
 Corvallis OR 97333

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101858

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

B. Monte Richardson

Mailing Address 36 Lambeth Drive

City State Zip Code
 Asheville NC 28803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101777

Amount of Each Receipt this Period

150.00

Receipt

Full Name (Last, First, Middle Initial)

C. Monte Richardson

Mailing Address 36 Lambeth Drive

City State Zip Code
 Asheville NC 28803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 60608.C103008

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Monte Richardson
Mailing Address 36 Lambeth Drive

City State Zip Code
Asheville NC 28803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 60608.C103742

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Monte Richardson
Mailing Address 36 Lambeth Drive

City State Zip Code
Asheville NC 28803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: 60710.C105266

Amount of Each Receipt this Period

25.00

Receipt

C. Full Name (Last, First, Middle Initial)
Dorothy Rineer
Mailing Address PO Box 85

City State Zip Code
Bart PA 17503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C98956

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Dorothy Rineer

Mailing Address PO Box 85

City State Zip Code
 Bart PA 17503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

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

Transaction ID: 60710.C103909

Amount of Each Receipt this Period

270.00

Receipt

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

BRADLEY ROBERTS

Mailing Address 4310 BITTERROOT RD

City State Zip Code
 Reno NV 89509

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

76.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 4 / 2 0 0 6

Transaction ID: 60414.C98914

Amount of Each Receipt this Period

76.00

Receipt

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

BRADLEY ROBERTS

Mailing Address 4310 BITTERROOT RD

City State Zip Code
 Reno NV 89509

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101314

Amount of Each Receipt this Period

114.00

Receipt

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. BRADLEY ROBERTS

Mailing Address 4310 BITTERROOT RD

City State Zip Code
Reno NV 89509

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

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

Transaction ID: 60608.C103255

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. Orvetta Robinson

Mailing Address 950 S Lincoln Ave Apt 11

City State Zip Code
Springfield IL 62704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C99129

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Orvetta Robinson

Mailing Address 950 S Lincoln Ave Apt 11

City State Zip Code
Springfield IL 62704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 60608.C100983

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Orvetta Robinson

Mailing Address 950 S Lincoln Ave Apt 11

City State Zip Code
 Springfield IL 62704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101782

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

B. Orvetta Robinson

Mailing Address 950 S Lincoln Ave Apt 11

City State Zip Code
 Springfield IL 62704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C102075

Amount of Each Receipt this Period

20.00

Receipt

Full Name (Last, First, Middle Initial)

C. Orvetta Robinson

Mailing Address 950 S Lincoln Ave Apt 11

City State Zip Code
 Springfield IL 62704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: 60608.C103716

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Orvetta Robinson

Mailing Address 950 S Lincoln Ave Apt 11

City State Zip Code
 Springfield IL 62704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 60710.C104713

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

B. Orvetta Robinson

Mailing Address 950 S Lincoln Ave Apt 11

City State Zip Code
 Springfield IL 62704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

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

Transaction ID: 60710.C105079

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

C. JOHN E. ROBSON

Mailing Address 2111 E HIGHWAY 82

City State Zip Code
 Huachuca City AZ 85616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101775

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Cira Ross

Mailing Address PO Box 5324

City State Zip Code
Palm Springs CA 92263-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60414.C98090

Amount of Each Receipt this Period

75.00

Receipt

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

Milton Ross

Mailing Address 434 Fernleaf Avenue

City State Zip Code
Corona Del Mar CA 92625

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 6

Transaction ID: 60608.C101201

Amount of Each Receipt this Period

500.00

Receipt

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

Melvin Roth

Mailing Address 2121 N. Ocean Blvd.
Apt 1507W

City State Zip Code
Boca Raton FL 33431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 60608.C103647

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 205 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Evelyn Roy
Mailing Address 423 Gloucester Drive

City State Zip Code
Costa Mesa CA 92627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 6

Transaction ID: 60710.C103912

Amount of Each Receipt this Period

50.00

Receipt

B. Full Name (Last, First, Middle Initial)
ANTHONY RYAN
Mailing Address 393 DORCHESTER RD

City State Zip Code
Lyme NH 03768

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100714

Amount of Each Receipt this Period

500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Edith Ryder
Mailing Address 11280 57th Avenue S.

City State Zip Code
Seattle WA 98178

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.05

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98526

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 206 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Edith Ryder

Mailing Address 11280 57th Avenue S.

City State Zip Code
Seattle WA 98178

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.05

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C99990

Amount of Each Receipt this Period

1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Edith Ryder

Mailing Address 11280 57th Avenue S.

City State Zip Code
Seattle WA 98178

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1970.05

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102140

Amount of Each Receipt this Period

20.00

Receipt

C. Full Name (Last, First, Middle Initial)
Edith Ryder

Mailing Address 11280 57th Avenue S.

City State Zip Code
Seattle WA 98178

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2220.05

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104991

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1270.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Michael Safer

Mailing Address 92 Read Street #2

City State Zip Code
 New York NY 10013

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 60608.C103590

Amount of Each Receipt this Period

1000.00

Receipt

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

Robert Schadt

Mailing Address 109 NORTH KEENE ST., APT 333

City State Zip Code
 Columbia MO 65201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98683

Amount of Each Receipt this Period

100.00

Receipt

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

Robert Schadt

Mailing Address 109 NORTH KEENE ST., APT 333

City State Zip Code
 Columbia MO 65201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102334

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Robert Schadt Mailing Address 109 NORTH KEENE ST., APT 333 City State Zip Code Columbia MO 65201 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6 Transaction ID: 60710.C105588 Amount of Each Receipt this Period 200.00 Receipt
B. Full Name (Last, First, Middle Initial) Elizabeth Schafer Mailing Address 610 1st Street City State Zip Code Coronado CA 92118 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: 60608.C100943 Amount of Each Receipt this Period 500.00 Receipt
C. Full Name (Last, First, Middle Initial) Elizabeth Schafer Mailing Address 610 1st Street City State Zip Code Coronado CA 92118 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6 Transaction ID: 60608.C101994 Amount of Each Receipt this Period 1500.00 Receipt

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Barry Schlech
Mailing Address 120 Enchanted Ct. S.

City State Zip Code
Burleson TX 76028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102514

Amount of Each Receipt this Period

575.00

Receipt

B. Full Name (Last, First, Middle Initial)
Barry Schlech
Mailing Address 120 Enchanted Ct. S.

City State Zip Code
Burleson TX 76028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: 60710.C105996

Amount of Each Receipt this Period

75.00

Receipt

C. Full Name (Last, First, Middle Initial)
Robert Schneebeck
Mailing Address 741 N Manasota Key Rd

City State Zip Code
Englewood FL 34223-9758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101679

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Edwin Sedlacek

Mailing Address 6027 89th St E

City State Zip Code
Puyallup WA 98371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C100176

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. Edwin Sedlacek

Mailing Address 6027 89th St E

City State Zip Code
Puyallup WA 98371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 60710.C105219

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Russell Seibert

Mailing Address 30 Sheridan Street

City State Zip Code
Jamaica Plain MA 02130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: 60414.C98867

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Virginia Severns

Mailing Address 414 W Westwood Drive

City State Zip Code
 Peoria IL 61614

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 60710.C104197

Amount of Each Receipt this Period

250.00

Receipt

Full Name (Last, First, Middle Initial)

B. Elizabeth Shamirian

Mailing Address 200 Home Avenue

City State Zip Code
 Providence RI 02908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98562

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

C. Elizabeth Shamirian

Mailing Address 200 Home Avenue

City State Zip Code
 Providence RI 02908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99250

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Elizabeth Shamirian		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 200 Home Avenue		Transaction ID: 60608.C101302
City Providence	State RI	Zip Code 02908
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 500.00	

Receipt

B. Full Name (Last, First, Middle Initial) Edward Shineman		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 455 North End Ave. Apt. 411		Transaction ID: 60608.C101243
City New York	State NY	Zip Code 10282
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 100.00	

Receipt

C. Full Name (Last, First, Middle Initial) Edward Shineman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 455 North End Ave. Apt. 411		Transaction ID: 60710.C104422
City New York	State NY	Zip Code 10282
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 300.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

David Shoemaker

Mailing Address 792 Farmington Ave. Apt 101

City State Zip Code
 Farmington CT 06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 6

Transaction ID: 60414.C98074

Amount of Each Receipt this Period

2000.00

Receipt

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

David Shoemaker

Mailing Address 792 Farmington Ave. Apt 101

City State Zip Code
 Farmington CT 06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101501

Amount of Each Receipt this Period

2000.00

Receipt

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

David Shoemaker

Mailing Address 792 Farmington Ave. Apt 101

City State Zip Code
 Farmington CT 06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 60710.C105987

Amount of Each Receipt this Period

3000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Leonard Sigurdson Mailing Address 4169 W Birchview Road City State Zip Code Grasston MN 55030 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00			Date of Receipt MM / DD / YYYY 05 / 05 / 2006 Transaction ID: 60608.C100432 Amount of Each Receipt this Period 1000.00 Receipt
B. Full Name (Last, First, Middle Initial) Raymond Smallwood Mailing Address 12420 McCrossin Lane City State Zip Code Potomac MD 20854 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 150.00			Date of Receipt MM / DD / YYYY 04 / 26 / 2006 Transaction ID: 60608.C99506 Amount of Each Receipt this Period 50.00 Receipt
C. Full Name (Last, First, Middle Initial) Raymond Smallwood Mailing Address 12420 McCrossin Lane City State Zip Code Potomac MD 20854 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt MM / DD / YYYY 06 / 30 / 2006 Transaction ID: 60710.C105868 Amount of Each Receipt this Period 150.00 Receipt

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Gertrude Smith Mailing Address 2516 Ridgmar Blvd # 11 City Fort Worth State TX Zip Code 76116 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 165.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C101364 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">55.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	0	6	55.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	3		2	0	0	6																							
55.00																																
B. Full Name (Last, First, Middle Initial) Gertrude Smith Mailing Address 2516 Ridgmar Blvd # 11 City Fort Worth State TX Zip Code 76116 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C103215 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	6	35.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		0	2		2	0	0	6																							
35.00																																
C. Full Name (Last, First, Middle Initial) Goff Smith Mailing Address 903 Private Road City Winnetka State IL Zip Code 60093 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60414.C98626 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	2		2	0	0	6																							
500.00																																

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 216 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Goff Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 903 Private Road		Transaction ID: 60608.C102307
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Phyllis Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 5297 Grove Street		Transaction ID: 60608.C99501
City Morrow	State GA	Zip Code 30260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2350.00	

C. Full Name (Last, First, Middle Initial) Phyllis Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 5297 Grove Street		Transaction ID: 60608.C99904
City Morrow	State GA	Zip Code 30260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2450.00	

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Phyllis Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 5297 Grove Street		Transaction ID: 60608.C101003	
City Morrow	State GA	Amount of Each Receipt this Period 2250.00	
Zip Code 30260		Receipt	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2250.00	
Name of Employer None	Occupation Retired	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4700.00	Receipt	

B. Full Name (Last, First, Middle Initial) Phyllis Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 5297 Grove Street		Transaction ID: 60608.C102500	
City Morrow	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30260		Receipt	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer None	Occupation Retired	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4950.00	Receipt	

C. Full Name (Last, First, Middle Initial) Rankin Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 5984 US Highway 19S		Transaction ID: 60710.C105338	
City Thomasville	State GA	Amount of Each Receipt this Period 300.00	
Zip Code 31757		Receipt	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer None	Occupation Retired	Receipt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Receipt	

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Mary Sobaje
Mailing Address 513 Powers Avenue

City State Zip Code
Clovis CA 93619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98796

Amount of Each Receipt this Period

25.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mary Sobaje
Mailing Address 513 Powers Avenue

City State Zip Code
Clovis CA 93619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 60608.C100883

Amount of Each Receipt this Period

200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mary Sobaje
Mailing Address 513 Powers Avenue

City State Zip Code
Clovis CA 93619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102357

Amount of Each Receipt this Period

38.00

Receipt

SUBTOTAL of Receipts This Page (optional)

263.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Mary Sobaje		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 513 Powers Avenue		Transaction ID: 60608.C102607
City Clovis	State CA	Zip Code 93619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.00	

B. Full Name (Last, First, Middle Initial) Mary Sobaje		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 513 Powers Avenue		Transaction ID: 60710.C103796
City Clovis	State CA	Zip Code 93619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 448.00	

C. Full Name (Last, First, Middle Initial) Mary Sobaje		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 513 Powers Avenue		Transaction ID: 60710.C104757
City Clovis	State CA	Zip Code 93619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.00	

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Mary Sobaje		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 513 Powers Avenue		Transaction ID: 60710.C105540
City Clovis	State CA	Zip Code 93619
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 543.00	

B. Full Name (Last, First, Middle Initial) ILONA SOLDES		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 10 GRISTMILL LN		Transaction ID: 60608.C99989
City Great Neck	State NY	Zip Code 11023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

C. Full Name (Last, First, Middle Initial) ILONA SOLDES		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 10 GRISTMILL LN		Transaction ID: 60608.C101606
City Great Neck	State NY	Zip Code 11023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 120.00	

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 221 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
ILONA SOLDES
Mailing Address 10 GRISTMILL LN

City State Zip Code
Great Neck NY 11023

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

155.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102462

Amount of Each Receipt this Period

35.00

Receipt

B. Full Name (Last, First, Middle Initial)
ILONA SOLDES
Mailing Address 10 GRISTMILL LN

City State Zip Code
Great Neck NY 11023

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104932

Amount of Each Receipt this Period

100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Florence Spindler
Mailing Address 1001 E Crescent Drive

City State Zip Code
Manitowoc WI 54220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99282

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 222 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Florence Spindler Mailing Address 1001 E Crescent Drive City State Zip Code Manitowoc WI 54220 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6 Transaction ID: 60608.C101863 Amount of Each Receipt this Period 200.00 Receipt
B. Full Name (Last, First, Middle Initial) Etta Spivey Mailing Address 7006 Gleneagles Drive City State Zip Code Tyler TX 75703 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 75.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 60608.C100458 Amount of Each Receipt this Period 45.00 Receipt
C. Full Name (Last, First, Middle Initial) Etta Spivey Mailing Address 7006 Gleneagles Drive City State Zip Code Tyler TX 75703 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 125.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6 Transaction ID: 60608.C101768 Amount of Each Receipt this Period 50.00 Receipt

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Etta Spivey Mailing Address 7006 Gleneagles Drive City State Zip Code Tyler TX 75703 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 175.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6 Transaction ID: 60608.C102010 Amount of Each Receipt this Period 50.00 Receipt
B. Full Name (Last, First, Middle Initial) Etta Spivey Mailing Address 7006 Gleneagles Drive City State Zip Code Tyler TX 75703 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 195.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6 Transaction ID: 60608.C102793 Amount of Each Receipt this Period 20.00 Receipt
C. Full Name (Last, First, Middle Initial) Etta Spivey Mailing Address 7006 Gleneagles Drive City State Zip Code Tyler TX 75703 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6 Transaction ID: 60608.C103027 Amount of Each Receipt this Period 30.00 Receipt

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Claudean Starr Mailing Address 6819 Santa Maria Lane City State Zip Code Dallas TX 75214 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6 Transaction ID: 60608.C99855 Amount of Each Receipt this Period 50.00 Receipt
B. Full Name (Last, First, Middle Initial) Claudean Starr Mailing Address 6819 Santa Maria Lane City State Zip Code Dallas TX 75214 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 490.00		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: 60608.C103325 Amount of Each Receipt this Period 170.00 Receipt
C. Full Name (Last, First, Middle Initial) Dean Stevinson Mailing Address 7957 S. Fairfax Ct City State Zip Code Centennial CO 80122-3883 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: 60608.C100911 Amount of Each Receipt this Period 500.00 Receipt

SUBTOTAL of Receipts This Page (optional)

720.00

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Dale Stolzenburg Mailing Address HC 72 Box 10 City Crookston State NE Zip Code 69212 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Farm Rancher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C99349 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	0	6	100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	6		2	0	0	6																							
100.00																																
B. Full Name (Last, First, Middle Initial) Dale Stolzenburg Mailing Address HC 72 Box 10 City Crookston State NE Zip Code 69212 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Farm Rancher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C102319 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	5		2	0	0	6	100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		2	5		2	0	0	6																							
100.00																																
C. Full Name (Last, First, Middle Initial) Ada Strassenburgh Mailing Address Po Box 608 City Ocean View State NJ Zip Code 08230-0608 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60608.C99314 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">600.00</td> </tr> </table> Receipt	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	0	6	600.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	6		2	0	0	6																							
600.00																																
SUBTOTAL of Receipts This Page (optional)		<table border="1"> <tr> <td colspan="10">800.00</td> </tr> </table>	800.00																													
800.00																																
TOTAL This Period (last page this line number only)		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

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

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

FOR LINE NUMBER: PAGE 226 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Ada Strassenburgh

Mailing Address Po Box 608

City

Ocean View

State

NJ

Zip Code

08230-0608

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99623

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Ada Strassenburgh

Mailing Address Po Box 608

City

Ocean View

State

NJ

Zip Code

08230-0608

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99682

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

C. Donna Mae Stroeing

Mailing Address 1103 33rd Avenue

City

Saint Cloud

State

MN

Zip Code

56303

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C98963

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 227 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Donna Mae Stroeing
Mailing Address 1103 33rd Avenue

City State Zip Code
Saint Cloud MN 56303

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 60608.C101011

Amount of Each Receipt this Period

50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Donna Mae Stroeing
Mailing Address 1103 33rd Avenue

City State Zip Code
Saint Cloud MN 56303

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101278

Amount of Each Receipt this Period

50.00

Receipt

C. Full Name (Last, First, Middle Initial)
Donna Mae Stroeing
Mailing Address 1103 33rd Avenue

City State Zip Code
Saint Cloud MN 56303

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 6

Transaction ID: 60710.C104094

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 228 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Jeanice Suhajda

Mailing Address 20 N Tower Road Apt 12E

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

114.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C98982

Amount of Each Receipt this Period

38.00

Receipt

Full Name (Last, First, Middle Initial)

B. Jeanice Suhajda

Mailing Address 20 N Tower Road Apt 12E

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

149.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C100314

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

C. Jeanice Suhajda

Mailing Address 20 N Tower Road Apt 12E

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

187.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C99872

Amount of Each Receipt this Period

38.00

Receipt

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Jeanice Suhajda

Mailing Address 20 N Tower Road Apt 12E

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102313

Amount of Each Receipt this Period

57.00

Receipt

Full Name (Last, First, Middle Initial)

B. Jeanice Suhajda

Mailing Address 20 N Tower Road Apt 12E

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

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

Transaction ID: 60608.C103689

Amount of Each Receipt this Period

38.00

Receipt

Full Name (Last, First, Middle Initial)

C. Jeanice Suhajda

Mailing Address 20 N Tower Road Apt 12E

City State Zip Code
Oak Brook IL 60523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

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

Transaction ID: 60710.C104483

Amount of Each Receipt this Period

35.00

Receipt

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 230 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) DAVID SUNDE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 2610 FREMONT AVE S APT 102		Transaction ID: 60608.C102581
City Minneapolis	State MN	Zip Code 55408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Greentree	Occupation Computer Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Receipt

B. Full Name (Last, First, Middle Initial) DAVID SUNDE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 2610 FREMONT AVE S APT 102		Transaction ID: 60608.C103534
City Minneapolis	State MN	Zip Code 55408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Greentree	Occupation Computer Operator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Receipt

C. Full Name (Last, First, Middle Initial) Robert Swan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 514 Chunns Cove Road		Transaction ID: 60414.C98533
City Asheville	State NC	Zip Code 28805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 130.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Robert Swan Mailing Address 514 Chunns Cove Road City Asheville State NC Zip Code 28805 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 160.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: 60608.C99295 Amount of Each Receipt this Period 30.00 Receipt
B. Full Name (Last, First, Middle Initial) Robert Swan Mailing Address 514 Chunns Cove Road City Asheville State NC Zip Code 28805 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 190.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6 Transaction ID: 60608.C100213 Amount of Each Receipt this Period 30.00 Receipt
C. Full Name (Last, First, Middle Initial) Robert Swan Mailing Address 514 Chunns Cove Road City Asheville State NC Zip Code 28805 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6 Transaction ID: 60608.C101437 Amount of Each Receipt this Period 30.00 Receipt

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Robert Swan Mailing Address 514 Chunns Cove Road City Asheville State NC Zip Code 28805 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6 Transaction ID: 60608.C101258 Amount of Each Receipt this Period 25.00 Receipt
B. Full Name (Last, First, Middle Initial) Robert Swan Mailing Address 514 Chunns Cove Road City Asheville State NC Zip Code 28805 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6 Transaction ID: 60608.C102896 Amount of Each Receipt this Period 20.00 Receipt
C. Full Name (Last, First, Middle Initial) Robert Swan Mailing Address 514 Chunns Cove Road City Asheville State NC Zip Code 28805 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 Transaction ID: 60608.C102959 Amount of Each Receipt this Period 30.00 Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Robert Swan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 514 Chunns Cove Road		Transaction ID: 60710.C104047
City Asheville	State NC	Zip Code 28805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

B. Full Name (Last, First, Middle Initial) Robert Swan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 514 Chunns Cove Road		Transaction ID: 60710.C105811
City Asheville	State NC	Zip Code 28805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Marilyn Sward		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address PO Box 954		Transaction ID: 60608.C101869
City Cottonwood	State AZ	Zip Code 86326-0954
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 234 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Marilyn Sward		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address PO Box 954		Transaction ID: 60710.C104364
City Cottonwood	State AZ	Zip Code 86326-0954
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Marilyn Sward		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address PO Box 954		Transaction ID: 60710.C105523
City Cottonwood	State AZ	Zip Code 86326-0954
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Diane Swearingin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 1500 Dansford Court		Transaction ID: 60608.C102748
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Homemaker	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Jannette Swenson

Mailing Address 36 Game Cock Road

City State Zip Code
 Greenwich CT 06830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worldwide Capital Partners

Occupation
Investment Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104906

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Ethel Takacs

Mailing Address 7025 Yellowstone Blvd Apt 20G

City State Zip Code
 Forest Hills NY 11375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 60710.C105989

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

C. Jean Talmage

Mailing Address 1138 Devonshire Way

City State Zip Code
 Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99457

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 236 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Jean Talmage

Mailing Address 1138 Devonshire Way

City State Zip Code
Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60608.C100449

Amount of Each Receipt this Period

200.00

Receipt

Full Name (Last, First, Middle Initial)

B. Jean Talmage

Mailing Address 1138 Devonshire Way

City State Zip Code
Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C102026

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

C. Jean Talmage

Mailing Address 1138 Devonshire Way

City State Zip Code
Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101846

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Jean Talmage

Mailing Address 1138 Devonshire Way

City State Zip Code
Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101952

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Jean Talmage

Mailing Address 1138 Devonshire Way

City State Zip Code
Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102458

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Jean Talmage

Mailing Address 1138 Devonshire Way

City State Zip Code
Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5200.00

Date of Receipt

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

Transaction ID: 60608.C103304

Amount of Each Receipt this Period

150.00

Receipt

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
 Joanne Taylor-Johnson
 Mailing Address 70 Robley Road

City State Zip Code
 Salinas CA 93908

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: 60608.C102582

Amount of Each Receipt this Period

500.00

Receipt

B. Full Name (Last, First, Middle Initial)
 Flora Teckyon
 Mailing Address 433 Carol Pl.

City State Zip Code
 Pelham NY 10803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98819

Amount of Each Receipt this Period

25.00

Receipt

C. Full Name (Last, First, Middle Initial)
 Flora Teckyon
 Mailing Address 433 Carol Pl.

City State Zip Code
 Pelham NY 10803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C98931

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

535.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Flora Teckyon		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 433 Carol Pl.		Transaction ID: 60608.C100541
City Pelham	State NY	Zip Code 10803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

B. Full Name (Last, First, Middle Initial) Flora Teckyon		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 433 Carol Pl.		Transaction ID: 60710.C104941
City Pelham	State NY	Zip Code 10803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 195.00	

C. Full Name (Last, First, Middle Initial) Flora Teckyon		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 433 Carol Pl.		Transaction ID: 60710.C105476
City Pelham	State NY	Zip Code 10803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Ralph Thompson		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 4800 Fillmore Ave. Apt. 751		Transaction ID: 60608.C99292
City Alexandria	State VA	Zip Code 22311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B. Full Name (Last, First, Middle Initial) Ralph Thompson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 4800 Fillmore Ave. Apt. 751		Transaction ID: 60710.C104669
City Alexandria	State VA	Zip Code 22311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

C. Full Name (Last, First, Middle Initial) Ralph Thompson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 4800 Fillmore Ave. Apt. 751		Transaction ID: 60710.C105828
City Alexandria	State VA	Zip Code 22311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Samuel Thompson

Mailing Address 3220 Prospect Avenue

City	State	Zip Code
Rosemead	CA	91770

FEC ID number of contributing
federal political committee.**C**Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	6

Transaction ID: 60608.C99241

Amount of Each Receipt this Period

40.00

Receipt

Full Name (Last, First, Middle Initial)

B. Samuel Thompson

Mailing Address 3220 Prospect Avenue

City	State	Zip Code
Rosemead	CA	91770

FEC ID number of contributing
federal political committee.**C**Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	6

Transaction ID: 60608.C102055

Amount of Each Receipt this Period

45.00

Receipt

Full Name (Last, First, Middle Initial)

C. Arthur Thorne

Mailing Address 1440 40th Street

City	State	Zip Code
Sacramento	CA	95819

FEC ID number of contributing
federal political committee.**C**Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 60710.C105292

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Thomas Todd

Mailing Address 39 Janet Drive

City State Zip Code
 East Hartford CT 06118

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101334

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. Thomas Todd

Mailing Address 39 Janet Drive

City State Zip Code
 East Hartford CT 06118

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 60710.C105432

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. James Townsend

Mailing Address 2938 Dimrill Stair

City State Zip Code
 Manhattan KS 66503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100546

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Joseph Townsend

Mailing Address 12474 SE 93rd Court Road

City State Zip Code
 Summerfield FL 34491

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102184

Amount of Each Receipt this Period

100.00

Receipt

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

William Trotter, III

Mailing Address 3527 Walton Way

City State Zip Code
 Augusta GA 30909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 6 / 2 0 0 6

Transaction ID: 60608.C101229

Amount of Each Receipt this Period

500.00

Receipt

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

CAROLE TURANO

Mailing Address PO BOX 5

City State Zip Code
 Youngtown AZ 85363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

199.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101505

Amount of Each Receipt this Period

199.00

Receipt

SUBTOTAL of Receipts This Page (optional)

799.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
CAROLE TURANO

Mailing Address PO BOX 5

City State Zip Code
 Youngtown AZ 85363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 5 / 2 0 0 6

Transaction ID: 60710.C104697

Amount of Each Receipt this Period

97.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jacques Vinmont

Mailing Address 21 Aspen Court

City State Zip Code
 Boynton Beach FL 33436

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

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

Transaction ID: 60710.C104322

Amount of Each Receipt this Period

5.00

Receipt

C. Full Name (Last, First, Middle Initial)
Farel Walker

Mailing Address 2848 Jefferson St Apt 217

City State Zip Code
 Carlsbad CA 92008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 60710.C103808

Amount of Each Receipt this Period

225.00

Receipt

SUBTOTAL of Receipts This Page (optional)

327.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 245 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
HAZEL M WALTER
Mailing Address 99 WALTERS RD

City State Zip Code
Clairton PA 15025

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99259

Amount of Each Receipt this Period

80.00

Receipt

B. Full Name (Last, First, Middle Initial)
HAZEL M WALTER
Mailing Address 99 WALTERS RD

City State Zip Code
Clairton PA 15025

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C99914

Amount of Each Receipt this Period

80.00

Receipt

C. Full Name (Last, First, Middle Initial)
HAZEL M WALTER
Mailing Address 99 WALTERS RD

City State Zip Code
Clairton PA 15025

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104891

Amount of Each Receipt this Period

120.00

Receipt

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Ethlyn Ware

Mailing Address 1515 Shorline

City State Zip Code
 Saint Charles IL 60174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98505

Amount of Each Receipt this Period

50.00

Receipt

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

Ethlyn Ware

Mailing Address 1515 Shorline

City State Zip Code
 Saint Charles IL 60174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101797

Amount of Each Receipt this Period

100.00

Receipt

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

Richard Warren

Mailing Address 2957 GA Highway 256

City State Zip Code
 Sylvester GA 31791-4708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 6 / 2 0 0 6

Transaction ID: 60608.C101135

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 247 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
ROBERT WELCHLI
Mailing Address 348 PROVENAL RD

City State Zip Code
Grosse Pointe Farm MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Filder Hinks PLLC

Occupation
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98666

Amount of Each Receipt this Period

50.00

Receipt

B. Full Name (Last, First, Middle Initial)
ROBERT WELCHLI
Mailing Address 348 PROVENAL RD

City State Zip Code
Grosse Pointe Farm MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Filder Hinks PLLC

Occupation
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 6

Transaction ID: 60608.C100845

Amount of Each Receipt this Period

75.00

Receipt

C. Full Name (Last, First, Middle Initial)
ROBERT WELCHLI
Mailing Address 348 PROVENAL RD

City State Zip Code
Grosse Pointe Farm MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Filder Hinks PLLC

Occupation
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101436

Amount of Each Receipt this Period

75.00

Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
ROBERT WELCHLI

Mailing Address 348 PROVENAL RD

City State Zip Code
Grosse Pointe Farm MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Filder Hinks PLLCOccupation
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	0	6

Transaction ID: 60608.C102133

Amount of Each Receipt this Period

100.00

Receipt

B. Full Name (Last, First, Middle Initial)
ROBERT WELCHLI

Mailing Address 348 PROVENAL RD

City State Zip Code
Grosse Pointe Farm MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Filder Hinks PLLCOccupation
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.00

Date of Receipt

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

Transaction ID: 60608.C103088

Amount of Each Receipt this Period

113.00

Receipt

C. Full Name (Last, First, Middle Initial)
Henry Wells

Mailing Address 6018 Madra Avenue

City State Zip Code
San Diego CA 92120

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	6

Transaction ID: 60414.C98098

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

713.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Henry Wells		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 6018 Madra Avenue		Transaction ID: 60608.C98989
City San Diego	State CA	Zip Code 92120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2550.00	

B. Full Name (Last, First, Middle Initial) Henry Wells		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 6018 Madra Avenue		Transaction ID: 60608.C100232
City San Diego	State CA	Zip Code 92120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3050.00	

C. Full Name (Last, First, Middle Initial) Henry Wells		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 6018 Madra Avenue		Transaction ID: 60608.C100597
City San Diego	State CA	Zip Code 92120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3950.00	

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 250 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Henry Wells Mailing Address 6018 Madra Avenue City San Diego State CA Zip Code 92120 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5150.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6 Transaction ID: 60608.C101554 Amount of Each Receipt this Period 1200.00 Receipt
B. Full Name (Last, First, Middle Initial) Henry Wells Mailing Address 6018 Madra Avenue City San Diego State CA Zip Code 92120 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5650.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6 Transaction ID: 60608.C101922 Amount of Each Receipt this Period 500.00 Receipt
C. Full Name (Last, First, Middle Initial) Henry Wells Mailing Address 6018 Madra Avenue City San Diego State CA Zip Code 92120 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 6 Transaction ID: 60608.C102429 Amount of Each Receipt this Period 100.00 Receipt
SUBTOTAL of Receipts This Page (optional) ▶		1800.00
TOTAL This Period (last page this line number only) ▶		

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 251 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Henry Wells		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 6018 Madra Avenue		Transaction ID: 60608.C102789
City San Diego	State CA	Zip Code 92120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5950.00	

B. Full Name (Last, First, Middle Initial) Henry Wells		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 6018 Madra Avenue		Transaction ID: 60608.C103162
City San Diego	State CA	Zip Code 92120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8350.00	

C. Full Name (Last, First, Middle Initial) Henry Wells		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 6018 Madra Avenue		Transaction ID: 60710.C104039
City San Diego	State CA	Zip Code 92120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8850.00	

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 252 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Frank Wetherbee

Mailing Address PO Box 3650

City State Zip Code
 Albany GA 31706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101733

Amount of Each Receipt this Period

250.00

Receipt

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

Frank Wetherbee

Mailing Address PO Box 3650

City State Zip Code
 Albany GA 31706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 60710.C104758

Amount of Each Receipt this Period

250.00

Receipt

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

Curtis Weyll

Mailing Address 127 Camden Valley Road

City State Zip Code
 Shushan NY 12873

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.51

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98532

Amount of Each Receipt this Period

60.00

Receipt

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Curtis Weyll		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 127 Camden Valley Road		Transaction ID: 60608.C99794
City Shushan	State NY	Zip Code 12873
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.51	

B. Full Name (Last, First, Middle Initial) Curtis Weyll		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 127 Camden Valley Road		Transaction ID: 60608.C101297
City Shushan	State NY	Zip Code 12873
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358.51	

C. Full Name (Last, First, Middle Initial) Curtis Weyll		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 127 Camden Valley Road		Transaction ID: 60710.C104935
City Shushan	State NY	Zip Code 12873
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 433.51	

SUBTOTAL of Receipts This Page (optional)

212.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. John Whelchel

Mailing Address 377 Herrington Drive NE

City State Zip Code
 Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 60608.C103744

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

B. Dona White

Mailing Address 17432 41st Street SE

City State Zip Code
 Snohomish WA 98290

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C99157

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

C. Dona White

Mailing Address 17432 41st Street SE

City State Zip Code
 Snohomish WA 98290

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 6

Transaction ID: 60608.C99185

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Dona White

Mailing Address 17432 41st Street SE

City State Zip Code
 Snohomish WA 98290

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 6 / 2 0 0 6

Transaction ID: 60608.C99448

Amount of Each Receipt this Period

25.00

Receipt

Full Name (Last, First, Middle Initial)

B. Dona White

Mailing Address 17432 41st Street SE

City State Zip Code
 Snohomish WA 98290

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 3 / 2 0 0 6

Transaction ID: 60608.C99869

Amount of Each Receipt this Period

20.00

Receipt

Full Name (Last, First, Middle Initial)

C. Dona White

Mailing Address 17432 41st Street SE

City State Zip Code
 Snohomish WA 98290

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 4 / 2 0 0 6

Transaction ID: 60608.C101927

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Dona White

Mailing Address 17432 41st Street SE

City State Zip Code
 Snohomish WA 98290

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: 60608.C102610

Amount of Each Receipt this Period

10.00

Receipt

Full Name (Last, First, Middle Initial)

B. Dona White

Mailing Address 17432 41st Street SE

City State Zip Code
 Snohomish WA 98290

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

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

Transaction ID: 60608.C103214

Amount of Each Receipt this Period

10.00

Receipt

Full Name (Last, First, Middle Initial)

C. Dona White

Mailing Address 17432 41st Street SE

City State Zip Code
 Snohomish WA 98290

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: 60710.C104299

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Dona White Mailing Address 17432 41st Street SE City Snohomish State WA Zip Code 98290 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt MM / DD / YYYY 06 / 22 / 2006 Transaction ID: 60710.C105180 Amount of Each Receipt this Period 15.00 Receipt
B. Full Name (Last, First, Middle Initial) Albert Whitehead Mailing Address 3214 E. 73rd St. City Tulsa State OK Zip Code 74136 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt MM / DD / YYYY 05 / 23 / 2006 Transaction ID: 60608.C101532 Amount of Each Receipt this Period 100.00 Receipt
C. Full Name (Last, First, Middle Initial) Albert Whitehead Mailing Address 3214 E. 73rd St. City Tulsa State OK Zip Code 74136 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 06 / 06 / 2006 Transaction ID: 60608.C103348 Amount of Each Receipt this Period 100.00 Receipt

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Jadwiga Wieckowski

Mailing Address 146 S 3rd Street

City	State	Zip Code
Brooklyn	NY	11211

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	6

Transaction ID: 60608.C101006

Amount of Each Receipt this Period

75.00

Receipt

Full Name (Last, First, Middle Initial)

B. Jadwiga Wieckowski

Mailing Address 146 S 3rd Street

City	State	Zip Code
Brooklyn	NY	11211

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	6

Transaction ID: 60710.C104049

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

C. Grace Wilson

Mailing Address 1622 Polar Drive

City	State	Zip Code
Wentzville	MO	63385

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	0	6

Transaction ID: 60608.C100319

Amount of Each Receipt this Period

75.00

Receipt

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Grace Wilson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1622 Polar Drive		Transaction ID: 60710.C104556
City Wentzville	State MO	Zip Code 63385
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B. Full Name (Last, First, Middle Initial) Milinea Wineinger		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 17399 Blackburn Road		Transaction ID: 60414.C98593
City Athens	State AL	Zip Code 35611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Unemployed	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 137.00	

C. Full Name (Last, First, Middle Initial) Milinea Wineinger		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 17399 Blackburn Road		Transaction ID: 60608.C100275
City Athens	State AL	Zip Code 35611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Unemployed	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 147.00	

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

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

Milinea Wineinger

Mailing Address 17399 Blackburn Road

City State Zip Code
 Athens AL 35611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unemployed

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

172.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100556

Amount of Each Receipt this Period

25.00

Receipt

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

Milinea Wineinger

Mailing Address 17399 Blackburn Road

City State Zip Code
 Athens AL 35611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unemployed

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104940

Amount of Each Receipt this Period

45.00

Receipt

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

Josephine Wood

Mailing Address 1400 Enterprise Drive Apt. 330N

City State Zip Code
 Lynchburg VA 24502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 2 / 2 0 0 6

Transaction ID: 60414.C98724

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Josephine Wood Mailing Address 1400 Enterprise Drive Apt. 330N City Lynchburg State VA Zip Code 24502 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt MM / DD / YYYY 04 / 26 / 2006 Transaction ID: 60608.C99574 Amount of Each Receipt this Period 100.00 Receipt
B. Full Name (Last, First, Middle Initial) Josephine Wood Mailing Address 1400 Enterprise Drive Apt. 330N City Lynchburg State VA Zip Code 24502 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt MM / DD / YYYY 04 / 26 / 2006 Transaction ID: 60608.C99661 Amount of Each Receipt this Period 25.00 Receipt
C. Full Name (Last, First, Middle Initial) Josephine Wood Mailing Address 1400 Enterprise Drive Apt. 330N City Lynchburg State VA Zip Code 24502 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00		Date of Receipt MM / DD / YYYY 05 / 03 / 2006 Transaction ID: 60608.C100257 Amount of Each Receipt this Period 50.00 Receipt
SUBTOTAL of Receipts This Page (optional) ▶		175.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 262 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Josephine Wood Mailing Address 1400 Enterprise Drive Apt. 330N City Lynchburg State VA Zip Code 24502 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt MM / DD / YYYY 05 / 08 / 2006 Transaction ID: 60608.C100560 Amount of Each Receipt this Period 50.00 Receipt
B. Full Name (Last, First, Middle Initial) Josephine Wood Mailing Address 1400 Enterprise Drive Apt. 330N City Lynchburg State VA Zip Code 24502 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt MM / DD / YYYY 06 / 01 / 2006 Transaction ID: 60608.C102961 Amount of Each Receipt this Period 75.00 Receipt
C. Full Name (Last, First, Middle Initial) Robert Wood Mailing Address 1525 23rd Street S City Arlington State VA Zip Code 22202 FEC ID number of contributing federal political committee. C Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 04 / 20 / 2006 Transaction ID: 60608.C99137 Amount of Each Receipt this Period 100.00 Receipt
SUBTOTAL of Receipts This Page (optional) ▶		225.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 263 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Donna Woolley

Mailing Address PO Box 10638

City State Zip Code
Eugene OR 97440

FEC ID number of contributing
federal political committee.

C

Name of Employer
EAGLES VIEW MANAGEMENT CO

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 6

Transaction ID: 60608.C100515

Amount of Each Receipt this Period

200.00

Receipt

Full Name (Last, First, Middle Initial)

B. TIM WORD

Mailing Address PO BOX 310330

City State Zip Code
New Braunfels TX 78131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 6

Transaction ID: 60608.C100622

Amount of Each Receipt this Period

200.00

Receipt

Full Name (Last, First, Middle Initial)

C. Gardner Wright

Mailing Address 110 Fieldwood Road

City State Zip Code
Rome GA 30161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60608.C102485

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Donald Wyatt Mailing Address 102 Lancaster Ct. City State Zip Code Charlottesville VA 22901 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 125.00		Date of Receipt MM / DD / YYYY 04 / 20 / 2006 Transaction ID: 60608.C99166 Amount of Each Receipt this Period 125.00 Receipt
B. Full Name (Last, First, Middle Initial) Donald Wyatt Mailing Address 102 Lancaster Ct. City State Zip Code Charlottesville VA 22901 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt MM / DD / YYYY 05 / 24 / 2006 Transaction ID: 60608.C101867 Amount of Each Receipt this Period 100.00 Receipt
C. Full Name (Last, First, Middle Initial) Donald Wyatt Mailing Address 102 Lancaster Ct. City State Zip Code Charlottesville VA 22901 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt MM / DD / YYYY 06 / 09 / 2006 Transaction ID: 60710.C104087 Amount of Each Receipt this Period 125.00 Receipt

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 265 / 307

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. ROSALIE M C YAP

Mailing Address 3510 Turtle Creek Blvd. Unit 15D

City State Zip Code
 Dallas TX 75219-5542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 6 / 2 0 0 6

Transaction ID: 60608.C101064

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

B. ROSALIE M C YAP

Mailing Address 3510 Turtle Creek Blvd. Unit 15D

City State Zip Code
 Dallas TX 75219-5542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 6

Transaction ID: 60608.C101508

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. ROSALIE M C YAP

Mailing Address 3510 Turtle Creek Blvd. Unit 15D

City State Zip Code
 Dallas TX 75219-5542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

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

Transaction ID: 60710.C104423

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 307

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Juanita Young

Mailing Address 7320 Indian Run Road

City	State	Zip Code
Pleasantville	OH	43148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	6

Transaction ID: 60608.C100087

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B. Juanita Young

Mailing Address 7320 Indian Run Road

City	State	Zip Code
Pleasantville	OH	43148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 60710.C105123

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

C. Elizabeth Zimmerman

Mailing Address 2501 W Norton Road

City	State	Zip Code
Springfield	MO	65803

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	6

Transaction ID: 60608.C99027

Amount of Each Receipt this Period

106.00

Receipt

SUBTOTAL of Receipts This Page (optional)

256.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial)
Elizabeth Zimmerman

Mailing Address 2501 W Norton Road

City State Zip Code
 Springfield MO 65803

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60710.C104924

Amount of Each Receipt this Period

159.00

Receipt

SUBTOTAL of Receipts This Page (optional)

159.00

TOTAL This Period (last page this line number only)

123616.00

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

Use separate schedule(s)
or each category of the
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Capitol Hill Lists, LLC Mailing Address 337 S. Milledge Avenue, Ste. 101 City Athens State GA Zip Code 30605- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 9816.72		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: 60710.C106982 Amount of Each Receipt this Period 2730.00 Other Receipt NOTE: List Rental Income
B. Full Name (Last, First, Middle Initial) Capitol Hill Lists, LLC Mailing Address 337 S. Milledge Avenue, Ste. 101 City Athens State GA Zip Code 30605- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10110.96		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: 60710.C106981 Amount of Each Receipt this Period 294.24 Other Receipt NOTE: List Rental
C. Full Name (Last, First, Middle Initial) Capitol Hill Lists, LLC Mailing Address 337 S. Milledge Avenue, Ste. 101 City Athens State GA Zip Code 30605- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 12005.74		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Transaction ID: 60710.C106983 Amount of Each Receipt this Period 1894.78 Other Receipt NOTE: List Rental Income

SUBTOTAL of Receipts This Page (optional)

4919.02

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 269 / 307

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

A. Full Name (Last, First, Middle Initial) Capitol Hill Lists, LLC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 337 S. Milledge Avenue, Ste. 101		Transaction ID: 60710.C106985
City Athens	State GA	Zip Code 30605-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5745.10
Name of Employer	Occupation	Other Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17750.84	NOTE: List Rental Income

B. Full Name (Last, First, Middle Initial) Capitol Hill Lists, LLC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address 337 S. Milledge Avenue, Ste. 101		Transaction ID: 60710.C106984
City Athens	State GA	Zip Code 30605-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 983.16
Name of Employer	Occupation	Other Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18734.00	NOTE: List Rental Income

C. Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 622227		Transaction ID: 60710.C104432
City Orlando	State FL	Zip Code 32862-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 473.97
Name of Employer	Occupation	Other Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1190.68	

SUBTOTAL of Receipts This Page (optional)

7202.23

TOTAL This Period (last page this line number only)

12121.25

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

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

FOR LINE NUMBER:
(check only one)

PAGE 270 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Brad Alexander

Mailing Address 240 Cherokee Street

City Marietta State GA Zip Code 30061-

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60414.E1486

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

500.00

POLITICAL CONSULTING

Full Name (Last, First, Middle Initial)

B. Brad Alexander

Mailing Address 240 Cherokee Street

City Marietta State GA Zip Code 30061-

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1511

Date of Disbursement

05 / 10 / 2006

Amount of Each Disbursement this Period

250.00

POLITICAL CONSULTING

Full Name (Last, First, Middle Initial)

C. Brad Alexander

Mailing Address 240 Cherokee Street

City Marietta State GA Zip Code 30061-

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1537

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

250.00

POLITICAL CONSULTING

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 36002

City
Ft. Lauderdale

State
FL

Zip Code
33336-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1491

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1010.24

SEE BELOW

B. Delta Airlines

Mailing Address Hartsfield International Airport

City
Atlanta

State
GA

Zip Code
30309-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1493

Date of Disbursement

/ /

Amount of Each Disbursement this Period

318.60

[MEMO ITEM]
MEMO: TRAVEL

C. Morrison House Hotel

Mailing Address 116 S. Alfred Street

City
Alexandria

State
VA

Zip Code
22314-

Purpose of Disbursement
HOTEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1494

Date of Disbursement

/ /

Amount of Each Disbursement this Period

364.55

[MEMO ITEM]
MEMO: HOTEL ACCOMODATIONS

SUBTOTAL of Disbursements This Page (optional)

1010.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 272 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 2449 Cobb Parkway

City Marietta State GA Zip Code 30062-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1492

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

196.98

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 36002

City Ft. Lauderdale State FL Zip Code 33336-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1526

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

553.66

SEE BELOW

Full Name (Last, First, Middle Initial)

C. Hilton Washington

Mailing Address 1919 Connecticut Avenue, NW.

City Washington State DC Zip Code 20009-

Purpose of Disbursement
HOTEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1540

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

393.88

[MEMO ITEM]

MEMO: HOTEL ACCOMODATIONS

SUBTOTAL of Disbursements This Page (optional)

553.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 273 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 2449 Cobb Parkway

City Marietta State GA Zip Code 30062-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1541

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2006

Amount of Each Disbursement this Period

84.98

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Derek Barr

Mailing Address 4401 Northside Parkway, Ste. 100

City Atlanta State GA Zip Code 30341-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1517

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2006

Amount of Each Disbursement this Period

1037.71

SALARY

Full Name (Last, First, Middle Initial)

C. Derek Barr

Mailing Address 4401 Northside Parkway, Ste. 100

City Atlanta State GA Zip Code 30341-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1522

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2006

Amount of Each Disbursement this Period

1126.89

SALARY

SUBTOTAL of Disbursements This Page (optional)

2164.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Derek Barr

Mailing Address 4401 Northside Parkway, Ste. 100

City
Atlanta

State
GA

Zip Code
30341-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1546

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1126.89

SALARY

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st Street, SE.

City
Washington

State
DC

Zip Code
20001-

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1501

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.19

MEETING EXPENSE

Full Name (Last, First, Middle Initial)

C. Capitol Hill Lists, LLC

Mailing Address 337 S. Milledge Avenue, Ste. 101

City
Athens

State
GA

Zip Code
30605-

Purpose of Disbursement
LIST ACQUISITION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1585

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14239.01

LIST ACQUISITION

SUBTOTAL of Disbursements This Page (optional)

15408.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Cbeyond Communications

Mailing Address 320 Interstate Parkway N. Suite 30

City Atlanta State GA Zip Code 30339-

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60414.E1487

Date of Disbursement

04 / 07 / 2006

Amount of Each Disbursement this Period

156.03

TELEPHONE

Full Name (Last, First, Middle Initial)

B. Cbeyond Communications

Mailing Address 320 Interstate Parkway N. Suite 30

City Atlanta State GA Zip Code 30339-

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1510

Date of Disbursement

05 / 10 / 2006

Amount of Each Disbursement this Period

153.05

TELEPHONE

Full Name (Last, First, Middle Initial)

C. Cbeyond Communications

Mailing Address 320 Interstate Parkway N. Suite 30

City Atlanta State GA Zip Code 30339-

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1538

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

151.00

TELEPHONE

SUBTOTAL of Disbursements This Page (optional)

460.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 276 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Cingular

Mailing Address 1401 Johnson Ferry Road

City Marietta State GA Zip Code 30062-

Purpose of Disbursement
CELL PHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1506

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

91.52

CELL PHONE

Full Name (Last, First, Middle Initial)

B. Cingular

Mailing Address 1401 Johnson Ferry Road

City Marietta State GA Zip Code 30062-

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1530

Date of Disbursement

05 / 15 / 2006

Amount of Each Disbursement this Period

97.92

TELEPHONE

Full Name (Last, First, Middle Initial)

C. Delange Laden

Mailing Address 1111 Old Eagle School Road

City RADNOR State PA Zip Code 19087-

Purpose of Disbursement
COPIER EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1507

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

233.78

COPIER EXPENSE

SUBTOTAL of Disbursements This Page (optional)

423.22

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 277 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Delange Laden

Mailing Address 1111 Old Eagle School Road

City
RADNOR

State
PA

Zip Code
19087-

Purpose of Disbursement
COPIER EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1533

Date of Disbursement

/ /

Amount of Each Disbursement this Period

233.78

COPIER EXPENSE

Full Name (Last, First, Middle Initial)

B. Lisa Edelstein

Mailing Address 255 E. Paces Ferry Road, Ste. 350

City
Atlanta

State
GA

Zip Code
30305-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1516

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2116.83

SALARY

Full Name (Last, First, Middle Initial)

C. Lisa Edelstein

Mailing Address 255 E. Paces Ferry Road, Ste. 350

City
Atlanta

State
GA

Zip Code
30305-

Purpose of Disbursement
TRAVEL REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1528

Date of Disbursement

/ /

Amount of Each Disbursement this Period

89.89

TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

2440.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Lisa Edelstein

Mailing Address 255 E. Paces Ferry Road, Ste. 350

City Atlanta State GA Zip Code 30305-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1521

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

2211.96

SALARY

Full Name (Last, First, Middle Initial)

B. Lisa Edelstein

Mailing Address 255 E. Paces Ferry Road, Ste. 350

City Atlanta State GA Zip Code 30305-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1545

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

2211.96

SALARY

Full Name (Last, First, Middle Initial)

C. Integram

Mailing Address 8421 Hilltop Road

City Fairfax State VA Zip Code 22031-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1548

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

4751.39

PAC DIRECT MAIL POSTAGE

SUBTOTAL of Disbursements This Page (optional)

9175.31

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 279 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Bob Barr Leadership Fund

A. Ingram Full Name (Last, First, Middle Initial) Mailing Address 8421 Hilltop Road City Fairfax State VA Zip Code 22031- Purpose of Disbursement PAC DIRECT MAIL POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60414.E1448 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 PAC DIRECT MAIL POSTAGE
B. Ingram Full Name (Last, First, Middle Initial) Mailing Address 8421 Hilltop Road City Fairfax State VA Zip Code 22031- Purpose of Disbursement PAC DIRECT MAIL PRODUCTION 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: 60710.E1549 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 2487.80 PAC DIRECT MAIL PRODUCTION
C. Ingram Full Name (Last, First, Middle Initial) Mailing Address 8421 Hilltop Road City Fairfax State VA Zip Code 22031- Purpose of Disbursement PAC DIRECT MAIL PRODUCTION 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: 60710.E1550 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 2487.80 PAC DIRECT MAIL PRODUCTION
SUBTOTAL of Disbursements This Page (optional)		5975.60
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Ingram

Mailing Address 8421 Hilltop Road

City
Fairfax

State
VA

Zip Code
22031-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1552

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3816.54

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

B. Ingram

Mailing Address 8421 Hilltop Road

City
Fairfax

State
VA

Zip Code
22031-

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1551

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4190.16

PAC DIRECT MAIL PRODUCTION

Full Name (Last, First, Middle Initial)

C. Ingram

Mailing Address 8421 Hilltop Road

City
Fairfax

State
VA

Zip Code
22031-

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1554

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2675.68

PAC DIRECT MAIL PRODUCTION

SUBTOTAL of Disbursements This Page (optional)

10682.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 281 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Bob Barr Leadership Fund

A. Ingram Full Name (Last, First, Middle Initial) Mailing Address 8421 Hilltop Road City Fairfax State VA Zip Code 22031- Purpose of Disbursement PAC DIRECT MAIL PRODUCTION 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: 60710.E1553 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Amount of Each Disbursement this Period 12168.24 PAC DIRECT MAIL PRODUCTION
B. Ingram Full Name (Last, First, Middle Initial) Mailing Address 8421 Hilltop Road City Fairfax State VA Zip Code 22031- Purpose of Disbursement PAC DIRECT MAIL POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60710.E1555 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 4090.32 PAC DIRECT MAIL POSTAGE
C. Ingram Full Name (Last, First, Middle Initial) Mailing Address 8421 Hilltop Road City Fairfax State VA Zip Code 22031- Purpose of Disbursement PAC DIRECT MAIL PRODUCTION 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: 60710.E1556 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 832.88 PAC DIRECT MAIL PRODUCTION

SUBTOTAL of Disbursements This Page (optional)

17091.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 282 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
The Bob Barr Leadership Fund

A. Ingram Full Name (Last, First, Middle Initial) Mailing Address 8421 Hilltop Road City Fairfax State VA Zip Code 22031- Purpose of Disbursement PAC DIRECT MAIL PRODUCTION 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: 60710.E1557 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 2750.00 Category/Type PAC DIRECT MAIL PRODUCTION
B. Ingram Full Name (Last, First, Middle Initial) Mailing Address 8421 Hilltop Road City Fairfax State VA Zip Code 22031- Purpose of Disbursement PAC DIRECT MAIL PRODUCTION 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: 60710.E1558 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 2750.00 Category/Type PAC DIRECT MAIL PRODUCTION
C. Ingram Full Name (Last, First, Middle Initial) Mailing Address 8421 Hilltop Road City Fairfax State VA Zip Code 22031- Purpose of Disbursement PAC DIRECT MAIL POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60710.E1559 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 5472.74 Category/Type PAC DIRECT MAIL POSTAGE
SUBTOTAL of Disbursements This Page (optional)		10972.74
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER:
(check only one)

PAGE 283 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Ingram

Mailing Address 8421 Hilltop Road

City
Fairfax

State
VA

Zip Code
22031-

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1561

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

PAC DIRECT MAIL PRODUCTION

Full Name (Last, First, Middle Initial)

B. Ingram

Mailing Address 8421 Hilltop Road

City
Fairfax

State
VA

Zip Code
22031-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1560

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1604.16

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

C. Ingram

Mailing Address 8421 Hilltop Road

City
Fairfax

State
VA

Zip Code
22031-

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1562

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8350.03

PAC DIRECT MAIL PRODUCTION

SUBTOTAL of Disbursements This Page (optional)

12454.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 284 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Ingram

Mailing Address 8421 Hilltop Road

City
Fairfax

State
VA

Zip Code
22031-

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1563

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2750.00

PAC DIRECT MAIL PRODUCTION

Full Name (Last, First, Middle Initial)

B. Ingram

Mailing Address 8421 Hilltop Road

City
Fairfax

State
VA

Zip Code
22031-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1564

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4733.04

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

C. Intercollegiate Studies Institute

Mailing Address PO Box 4431

City
Wilmington

State
DE

Zip Code
19807-0431

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60608.E1514

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

DONATION

SUBTOTAL of Disbursements This Page (optional)

7983.04

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 285 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Internet News Agency

Mailing Address 4401 Northide Pkwy., NW.

City Atlanta State GA Zip Code 30327-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60414.E1483

Date of Disbursement

04 / 13 / 2006

Amount of Each Disbursement this Period

1250.00

RENT

Full Name (Last, First, Middle Initial)

B. Internet News Agency

Mailing Address 4401 Northide Pkwy., NW.

City Atlanta State GA Zip Code 30327-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1502

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

1250.00

RENT

Full Name (Last, First, Middle Initial)

C. Internet News Agency

Mailing Address 4401 Northide Pkwy., NW.

City Atlanta State GA Zip Code 30327-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1534

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1250.00

RENT

SUBTOTAL of Disbursements This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 286 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Ms. Leslie Jones

Mailing Address 3260 Cape Circle

City
Alpharetta

State
GA

Zip Code
30004-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1515

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2103.25

SALARY

Full Name (Last, First, Middle Initial)

B. Ms. Leslie Jones

Mailing Address 3260 Cape Circle

City
Alpharetta

State
GA

Zip Code
30004-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2293.51

SALARY

Full Name (Last, First, Middle Initial)

C. Ms. Leslie Jones

Mailing Address 3260 Cape Circle

City
Alpharetta

State
GA

Zip Code
30004-

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1544

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2293.51

SALARY

SUBTOTAL of Disbursements This Page (optional)

6690.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 287 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60414.E1454

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8910.00

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

B. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60414.E1455

Date of Disbursement

/ /

Amount of Each Disbursement this Period

607.97

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

C. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1543

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

PAC DIRECT MAIL POSTAGE

SUBTOTAL of Disbursements This Page (optional)

11017.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 288 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1566

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

14355.68

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

B. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1567

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

500.00

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

C. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1568

Date of Disbursement

05 / 03 / 2006

Amount of Each Disbursement this Period

1992.00

PAC DIRECT MAIL POSTAGE

SUBTOTAL of Disbursements This Page (optional)

16847.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1569

Date of Disbursement

05 / 15 / 2006

Amount of Each Disbursement this Period

11448.93

PAC DIRECT MAIL PRODUCTION

Full Name (Last, First, Middle Initial)

B. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1570

Date of Disbursement

05 / 17 / 2006

Amount of Each Disbursement this Period

15624.00

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

C. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1571

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

3838.00

PAC DIRECT MAIL POSTAGE

SUBTOTAL of Disbursements This Page (optional)

30910.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1572

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

16900.00

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

B. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1573

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

1500.00

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

C. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1574

Date of Disbursement

06 / 16 / 2006

Amount of Each Disbursement this Period

12581.33

PAC DIRECT MAIL PRODUCTION

SUBTOTAL of Disbursements This Page (optional)

30981.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1575

Date of Disbursement

06 / 20 / 2006

Amount of Each Disbursement this Period

4550.00

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

B. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1576

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

13000.00

PAC DIRECT MAIL POSTAGE

Full Name (Last, First, Middle Initial)

C. MDI Imaging & Mail

Mailing Address 21721-A Filigree Court

City Ashburn State VA Zip Code 20147-

Purpose of Disbursement
PAC DIRECT MAIL POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1577

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

12300.00

PAC DIRECT MAIL POSTAGE

SUBTOTAL of Disbursements This Page (optional)

29850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Post & Associates

Mailing Address 3475 Dallas Highway, SW

City Marietta State GA Zip Code 30064-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1518

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

1949.93

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. Post & Associates

Mailing Address 3475 Dallas Highway, SW

City Marietta State GA Zip Code 30064-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1523

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

2117.89

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. Post & Associates

Mailing Address 3475 Dallas Highway, SW

City Marietta State GA Zip Code 30064-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1547

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

2111.89

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional)

6179.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Postmaster

Mailing Address 1355 West Oak Commons Lane

City Marietta State GA Zip Code 30062-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60608.E1529

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

70.00

POSTAGE

Full Name (Last, First, Middle Initial)

B. Postmaster

Mailing Address Olympic Drive

City Athens State GA Zip Code 30605-

Purpose of Disbursement
BRE POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1582

Date of Disbursement

04 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

BRE POSTAGE

Full Name (Last, First, Middle Initial)

C. Postmaster

Mailing Address Olympic Drive

City Athens State GA Zip Code 30605-

Purpose of Disbursement
BRE POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1583

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

65.80

BRE POSTAGE

SUBTOTAL of Disbursements This Page (optional)

2635.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Professional Data Services

Mailing Address 337 S. Milledge Avenue

City
Athens

State
GA

Zip Code
30605-

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1496

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

COMPLIANCE CONSULTING

Full Name (Last, First, Middle Initial)

B. Professional Data Services

Mailing Address 337 S. Milledge Avenue

City
Athens

State
GA

Zip Code
30605-

Purpose of Disbursement
DIRECT MAIL CAGING & ESCROW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1579

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1109.43

DIRECT MAIL CAGING & ESCROW

Full Name (Last, First, Middle Initial)

C. Professional Data Services

Mailing Address 337 S. Milledge Avenue

City
Athens

State
GA

Zip Code
30605-

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1527

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

COMPLIANCE CONSULTING

SUBTOTAL of Disbursements This Page (optional)

3109.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Professional Data Services

Mailing Address 337 S. Milledge Avenue

City Athens State GA Zip Code 30605-

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1580

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1514.26

COMPLIANCE CONSULTING

Full Name (Last, First, Middle Initial)

B. Professional Data Services

Mailing Address 337 S. Milledge Avenue

City Athens State GA Zip Code 30605-

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1581

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1463.94

COMPLIANCE CONSULTING

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-

Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1490

Date of Disbursement

/ /

Amount of Each Disbursement this Period

485.10

BANK CHARGES

SUBTOTAL of Disbursements This Page (optional)

3463.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address P.O. Box 622227

City
Orlando

State
FL

Zip Code
32862-

Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60608.E1524

Date of Disbursement

/ /

Amount of Each Disbursement this Period

712.40

BANK CHARGES

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address P.O. Box 622227

City
Orlando

State
FL

Zip Code
32862-

Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60608.E1525

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.00

BANK CHARGES

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address P.O. Box 622227

City
Orlando

State
FL

Zip Code
32862-

Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1588

Date of Disbursement

/ /

Amount of Each Disbursement this Period

710.70

BANK CHARGES

SUBTOTAL of Disbursements This Page (optional)

1434.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. The Georgian Club

Mailing Address 100 Galleria Parkway

City Atlanta State GA Zip Code 30339-

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1505

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

125.00

MEETING EXPENSE

Full Name (Last, First, Middle Initial)

B. The Georgian Club

Mailing Address 100 Galleria Parkway

City Atlanta State GA Zip Code 30339-

Purpose of Disbursement
MEETING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1532

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

125.00

MEETING EXPENSE

Full Name (Last, First, Middle Initial)

C. Thru Tech

Mailing Address 4760 Springfield Drive

City Atlanta State GA Zip Code 30309-

Purpose of Disbursement
COMPUTER EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60414.E1488

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

92.80

COMPUTER EXPENSE

SUBTOTAL of Disbursements This Page (optional)

342.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Thru Tech

Mailing Address 4760 Springfield Drive

City
Atlanta

State
GA

Zip Code
30309-

Purpose of Disbursement
COMPUTER EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1500

Date of Disbursement

/ /

Amount of Each Disbursement this Period

519.27

COMPUTER EXPENSE

Full Name (Last, First, Middle Initial)

B. Thru Tech

Mailing Address 4760 Springfield Drive

City
Atlanta

State
GA

Zip Code
30309-

Purpose of Disbursement
COMPUTER EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1512

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.00

COMPUTER EXPENSE

Full Name (Last, First, Middle Initial)

C. Thru Tech

Mailing Address 4760 Springfield Drive

City
Atlanta

State
GA

Zip Code
30309-

Purpose of Disbursement
COMPUTER EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1531

Date of Disbursement

/ /

Amount of Each Disbursement this Period

225.55

COMPUTER EXPENSE

SUBTOTAL of Disbursements This Page (optional)

803.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 299 / 307

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Win Right Data, LLC

Mailing Address 2560 Wake Terrace

City
Sterling

State
VA

Zip Code
20165-

Purpose of Disbursement
DATA WORK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1584

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6296.22

DATA WORK

Full Name (Last, First, Middle Initial)

B. Win Right Data, LLC

Mailing Address 2560 Wake Terrace

City
Sterling

State
VA

Zip Code
20165-

Purpose of Disbursement
DATA WORK

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1587

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3902.41

DATA WORK

SUBTOTAL of Disbursements This Page (optional)

10198.63

TOTAL This Period (last page this line number only)

256010.86

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

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

FOR LINE NUMBER:
(check only one)

PAGE 300 / 307

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Ed Bryant for Senate

Mailing Address 115 Penn Warren Dr., Ste. 300-309

City
Brentwood

State
TN

Zip Code
37027-

Purpose of Disbursement
ED BRYANT-TN US SENATE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60414.E1485

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

ED BRYANT-TN US SENATE

B. Minuteman Civil Defense Corps

Mailing Address 301 NW 82nd Street

City
Lawton

State
OK

Zip Code
73505-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60414.E1484

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

CONTRIBUTION

C. Vernon Robinson for Congress

Mailing Address P.O. Box 272

City
Winston Salem

State
NC

Zip Code
27102-

Purpose of Disbursement
VERNON ROBINSON HOUSE-NC13

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1504

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

VERNON ROBINSON HOUSE-NC13

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 301 / 307

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Sanford for Governor

Mailing Address P.O. Box 1413

City
Columbia

State
SC

Zip Code
29202-

Purpose of Disbursement
RETURN OF PREVIOUS CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1519

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	6

Amount of Each Disbursement this Period

-1000.00

RETURN OF PREVIOUS CONTRI-
BUTION

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

1500.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Committee to Elect Tim Bearden

Mailing Address 561 Lake Connie Road

City Carrollton State GA Zip Code 30116-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1539

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Tim Bearden

Mailing Address 561 Lake Connie Road

City Carrollton State GA Zip Code 30116-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1591

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Debra Bernes

Mailing Address 4685 Old Towne Parkway, Ste. 200

City Marietta State GA Zip Code 30068-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60710.E1589

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Blackwell for Governor

Mailing Address 172 E State Street

City
Columbus

State
OH

Zip Code
43215-

Purpose of Disbursement
KEN BLACKWELL OH GOV

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1508

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Bob Reese

Mailing Address 5380 Windswept Trail

City
Buford

State
GA

Zip Code
30518-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1503

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Council for National Policy

Mailing Address 1411 K Street, NW.

City
Washington

State
DC

Zip Code
20005-

Purpose of Disbursement
DONATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1513

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Friends of of Ernest Istook

Mailing Address 712 N Broadway Ave

City
Oklahoma City

State
OK

Zip Code
73102-6007

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1535

Date of Disbursement

/

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Georgians for Thurbert Baker

Mailing Address P.O. Box 7396

City
Atlanta

State
GA

Zip Code
30357-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1497

Date of Disbursement

/

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill McCollum for Attorney General

Mailing Address 1850 Lee Rd Ste 206

City
Winter Park

State
FL

Zip Code
32789-2106

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60608.E1536

Date of Disbursement

/

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Reed for Lt. Governor

Mailing Address P.O. Box 956125

City
Duluth

State
GA

Zip Code
30095-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 60608.E1498

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	0	6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Elliot Baines

Mailing Address 360 Indian Harbor Road

City Vero Beach State FL Zip Code 32960-

Purpose of Disbursement
Refund of Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1595

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

513.00

Full Name (Last, First, Middle Initial)

B. George Benesch

Mailing Address PO Box 101558

City Anchorage State AK Zip Code 99510-

Purpose of Disbursement
Refund of Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1593

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

5760.00

Full Name (Last, First, Middle Initial)

C. Francis Lehar

Mailing Address PO Box 1482

City Manchester State MA Zip Code 01944-

Purpose of Disbursement
Refund of Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1594

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

1100.00

SUBTOTAL of Disbursements This Page (optional)

7373.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Bob Barr Leadership Fund

Full Name (Last, First, Middle Initial)

A. Francis Lehar

Mailing Address PO Box 1482

City
Manchester

State
MA

Zip Code
01944-

Purpose of Disbursement
Refund of Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60608.E1489

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Shoemaker

Mailing Address 792 Farmington Ave. Apt 101

City
Farmington

State
CT

Zip Code
06032-

Purpose of Disbursement
Refund of Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1597

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Henry Wells

Mailing Address 6018 Madra Avenue

City
San Diego

State
CA

Zip Code
92120-

Purpose of Disbursement
Refund of Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60710.E1592

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5150.00

SUBTOTAL of Disbursements This Page (optional)

7400.00

TOTAL This Period (last page this line number only)

14773.00