

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Christine Jennings For Congress

ADDRESS (number and street) 8211, 241st Street E  
 Check if different than previously reported. (ACC)  
Myakka City FL 34251 6823

2. **FEC IDENTIFICATION NUMBER** C00409664  
**CITY** **STATE** **ZIP CODE**  
STATE DISTRICT  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
FL 13

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

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

5. Covering Period 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 Susan Flynn

Signature of Treasurer Electronically Filed by Susan Flynn Date 09 11 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Christine Jennings For Congress

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 Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	177547.00	778358.01
(b) Total Contribution Refunds (from Line 20(d)).....	100.00	664.33
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	177447.00	777693.68
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	93537.10	284024.71
(b) Total Offsets to Operating Expenditures (from Line 14).....	400.86	482.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	93136.24	283542.15
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	504153.80	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	10000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Christine Jennings For Congress

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

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

115730.00

592878.33

(ii) Unitemized.....

17567.00

82135.80

(iii) TOTAL of contributions

133297.00

675014.13

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

44250.00

92350.00

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

0.00

10993.88

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

177547.00

778358.01

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

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

0.00

0.00

13. LOANS

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

0.00

10000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

10000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

400.86

482.56

15. OTHER RECEIPTS

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

2.27

2.27

16. TOTAL RECEIPTS (add Lines

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

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

177950.13

788842.84

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	93537.10	284024.71
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	100.00	664.33
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	664.33
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	93637.10	284689.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	419840.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	177950.13
25. SUBTOTAL (add Line 23 and Line 24).....	597790.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	93637.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	504153.80

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
G & M Moss Limited Partnership

Mailing Address 1535 Harbor Place

City State Zip Code  
Sarasota FL 34239-2019

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2006

**Transaction ID:** A-C4946

Amount of Each Receipt this Period  
1000.00

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

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

**B.** Full Name (Last, First, Middle Initial)  
Ms. Libby R Adelman

Mailing Address 2377 Harbour Oaks Drive

City State Zip Code  
Longboat Key FL 34228-4190

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** A-C4615

Amount of Each Receipt this Period  
100.00

100  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. George Adley

Mailing Address 5517 17th Street W

City State Zip Code  
Palmetto FL 34221-5504

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

Name of Employer Occupation  
Bank of America Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1050.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** A-C4903

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Antrim

Mailing Address 7622 Weeping Willow Circle

City State Zip Code  
Sarasota FL 34241-6425

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

Name of Employer Retired Occupation Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2006

Transaction ID: A-C4853

Amount of Each Receipt this Period  
250.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Elliot Aronin

Mailing Address 5113 Cantabria Crst

City State Zip Code  
Sarasota FL 34238-4469

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2006

Transaction ID: A-C4740

Amount of Each Receipt this Period  
25.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sara Allen Bagley

Mailing Address 1435 Cedar Bay Lane

City State Zip Code  
Sarasota FL 34231-3204

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2006

Transaction ID: A-C4810

Amount of Each Receipt this Period  
100.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **375.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Mary Sue S Baker		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2006	
Mailing Address 5092 Faberge Place		<b>Transaction ID:</b> A-C4714	
City State Zip Code Sarasota FL 34233-1461		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer SS Appel & Company Occupation Real Estate Developer		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Mary Sue S Baker		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2006	
Mailing Address 5092 Faberge Place		<b>Transaction ID:</b> A-C5094	
City State Zip Code Sarasota FL 34233-1461		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer SS Appel & Company Occupation Real Estate Developer		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Alan E Bandler		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2006	
Mailing Address 1241 Gulf Of Mexico Drive Unit 407		<b>Transaction ID:</b> A-C4587	
City State Zip Code Longboat Key FL 34228-4620		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer Retired Occupation Retired		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Irene Bandy Hedden

Mailing Address 7322 Fairlinks Court

City State Zip Code  
Sarasota FL 34243-3827

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 6

Transaction ID: A-C4544

Amount of Each Receipt this Period  
200.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth H. Barr

Mailing Address 1233 N Gulfstream Avenue  
Unit 1103

City State Zip Code  
Sarasota FL 34236-8956

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

Name of Employer Self Employed Occupation Restaurateur

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: A-C4926

Amount of Each Receipt this Period  
200.00

Contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sherren Baughman

Mailing Address 888 Boulevard Of The Arts  
Apt. 201

City State Zip Code  
Sarasota FL 34236-4827

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

Name of Employer Retired Occupation Retired Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 280.00

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

Transaction ID: A-C4811

Amount of Each Receipt this Period  
100.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Deborah Beacham

Mailing Address PO Box 1810

City State Zip Code  
Nokomis FL 34274-1810

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

Name of Employer Occupation  
Coldwell Bankers Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2006

**Transaction ID:** A-C4947

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
David Beesley

Mailing Address 19 N Blvd Of Presidents # 300

City State Zip Code  
Sarasota FL 34236-1304

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

Name of Employer Occupation  
First Step of Sarasota President & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** A-C4617

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Samuel Bell

Mailing Address 1298 Millstream Road

City State Zip Code  
Tallahassee FL 32312-2548

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

Name of Employer Occupation  
Pennington Moore Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2006

**Transaction ID:** A-C4521

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Linda Berliner

Mailing Address 3010 Grand Bay Boulevard  
Unit 436

City State Zip Code  
Longboat Key FL 34228-4413

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** A-C4564

Amount of Each Receipt this Period  
1000.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. William Berliner

Mailing Address 3010 Grand Bay Boulevard  
Unit 436

City State Zip Code  
Longboat Key FL 34228-4413

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** A-C4563

Amount of Each Receipt this Period  
1000.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mandell Berman

Mailing Address 30542 Hickory Lane

City State Zip Code  
Franklin MI 48025-1585

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

Name of Employer MLB Investments Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 6

**Transaction ID:** A-C4570

Amount of Each Receipt this Period  
900.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mandell Berman

Mailing Address 30542 Hickory Lane

City State Zip Code  
Franklin MI 48025-1585

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

Name of Employer Occupation  
MLB Investments President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 6

**Transaction ID:** A-C5096

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Marshall Bernstein

Mailing Address 3471 Byron Lane

City State Zip Code  
Longboat Key FL 34228-4144

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

Name of Employer Occupation  
Self Employed/Retired Attorney

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

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

**Transaction ID:** A-C5125

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas E Bernstein

Mailing Address 1011 Longboat Club Road

City State Zip Code  
Longboat Key FL 34228-3653

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

Name of Employer Occupation  
Woodland Family Partners Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** A-C4561

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elayne P. Bernstein-Schwartz

Mailing Address 1621 Boathouse Circle  
Apt. HA121

City State Zip Code  
Sarasota FL 34231-8908

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

Name of Employer Queens College Occupation Administrator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

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

Transaction ID: A-C4514

Amount of Each Receipt this Period  
1500.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Blalock

Mailing Address 6705 Arbor Oaks Drive

City State Zip Code  
Bradenton FL 34209-7437

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

Name of Employer Blalock, Walters PA Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

Transaction ID: A-C4727

Amount of Each Receipt this Period  
200.00

200

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karen S. Blondin

Mailing Address 2535 Mulberry Terrace

City State Zip Code  
Sarasota FL 34239-4428

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

Name of Employer Blondin Mortgage Co Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1400.00

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

Transaction ID: A-C4847

Amount of Each Receipt this Period  
300.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Penelope Bodry-Sanders</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2006	
Mailing Address PO Box 127		<b>Transaction ID: A-C4660</b>	
City State Zip Code Myakka City FL 34251-0127		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer Occupation Lemur Conservation Foundation President		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. George T Bogert</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2006	
Mailing Address 159 Bishopscourt Road		<b>Transaction ID: A-C4601</b>	
City State Zip Code Osprey FL 34229-9299		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer Occupation Retired Retired		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. David F. Bolger</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 79 Chesnut Street		<b>Transaction ID: A-C4920</b>	
City State Zip Code Ridgewood NJ 07450-7450		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer Occupation Bolger & Co. Owner		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1075.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Theodore M Bonstedt

Mailing Address 1003 45th Street E

City State Zip Code  
Bradenton FL 34208-5825

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

Name of Employer EEOC Occupation Investigator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 201.21

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2006

**Transaction ID: A-C4780**

Amount of Each Receipt this Period  
20.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Kathleen Brennan

Mailing Address 4778 Lancashire Lane

City State Zip Code  
Tallahassee FL 32309-2962

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

Name of Employer Self Occupation Community Volunteer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 27 / 2006

**Transaction ID: A-C4525**

Amount of Each Receipt this Period  
2100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Virginia Bright

Mailing Address 2307 Bayshore Road

City State Zip Code  
Nokomis FL 34275-3403

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2006

**Transaction ID: A-C4717**

Amount of Each Receipt this Period  
1000.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3120.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Shirley Brown

Mailing Address 4734 County Manor Drive

City State Zip Code  
Sarasota FL 34233-1866

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

Name of Employer Occupation  
Gulf Coast Collections Office Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
850.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2006

Transaction ID: A-C4839

Amount of Each Receipt this Period  
100.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Brunckhorst

Mailing Address 7960 Sanderling Road

City State Zip Code  
Sarasota FL 34242-2739

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

Name of Employer Occupation  
Wakefield Farms Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: A-C4906

Amount of Each Receipt this Period  
2000.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Brunckhorst

Mailing Address 7960 Sanderling Road

City State Zip Code  
Sarasota FL 34242-2739

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

Name of Employer Occupation  
Wakefield Farms Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: A-C5088

Amount of Each Receipt this Period  
100.00

Contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bob Buford

Mailing Address PO Box 780428

City State Zip Code  
Wichita KS 67278-0428

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

Name of Employer Zenith Drilling Co Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: A-C4489

Amount of Each Receipt this Period  
500.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Derek Byrd

Mailing Address 606 Owl Way

City State Zip Code  
Sarasota FL 34236-1910

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

Name of Employer The Byrd Law Firm Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C4629

Amount of Each Receipt this Period  
250.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Hope Byrnes

Mailing Address 5031 Faberge Place

City State Zip Code  
Sarasota FL 34233-1462

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

Transaction ID: A-C4715

Amount of Each Receipt this Period  
200.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Carlos Caballero

Mailing Address 241 Cedar Park Circle

City State Zip Code  
Sarasota FL 34242-1215

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

Name of Employer Private Physician Services Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

Transaction ID: A-C4607

Amount of Each Receipt this Period  
500.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger Cady

Mailing Address 7052 Whitemarsh Circle

City State Zip Code  
Lakewood Ranch FL 34202-8962

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

Transaction ID: A-C4670

Amount of Each Receipt this Period  
1000.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
The Honora Mollie C. Cardamone

Mailing Address 1116 Yale Avenue

City State Zip Code  
Sarasota FL 34236-9126

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

Transaction ID: A-C4585

Amount of Each Receipt this Period  
100.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ron C. Carter

Mailing Address 599 N Lime Avenue

City State Zip Code  
Sarasota FL 34237-5126

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

Name of Employer Occupation  
Mr. Florist Florist

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

250.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

**Transaction ID:** A-C4898

Amount of Each Receipt this Period  
250.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr Robert Chalphin

Mailing Address 1955 Gulf Of Mexico Drive  
Unit 211

City State Zip Code  
Longboat Key FL 34228-3329

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

Name of Employer Occupation  
Retired Retired

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

450.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2006

**Transaction ID:** A-C4605

Amount of Each Receipt this Period  
150.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward Chiles

Mailing Address PO Box 1478

City State Zip Code  
Anna Maria FL 34216-1478

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

Name of Employer Occupation  
Self Employed Restaurateur

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

1250.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2006

**Transaction ID:** A-C4735

Amount of Each Receipt this Period  
250.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Rhea Chiles		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2006	
Mailing Address 531 75th Street		<b>Transaction ID:</b> A-C4729	
City State Zip Code Holmes Beach FL 34217-1004		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Rhea Chiles		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2006	
Mailing Address 531 75th Street		<b>Transaction ID:</b> A-C5527	
City State Zip Code Holmes Beach FL 34217-1004		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Maureen C. Chiofalo, Esq		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2006	
Mailing Address 6112 95th Street Circle E		<b>Transaction ID:</b> A-C4709	
City State Zip Code Bradenton FL 34202-9614		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution	
Name of Employer Icard, Merrill	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 20 / 140
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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. John Clay		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 6
Mailing Address 932 Spanish Drive N		Transaction ID: A-C4547
City State Zip Code Longboat Key FL 34228-1628	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. John Clay		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 6
Mailing Address 932 Spanish Drive N		Transaction ID: A-C5090
City State Zip Code Longboat Key FL 34228-1628	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Kendall Coffey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 1639 S Bayshore Drive # P2B		Transaction ID: A-C4881
City State Zip Code Miami FL 33133-4213	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Coffey & Wright	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kendall Coffey

Mailing Address 1639 S Bayshore Drive  
# P2B

City Miami State FL Zip Code 33133-4213

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

Name of Employer Coffey & Wright Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: A-C5085

Amount of Each Receipt this Period  
900.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sylvia Cohodas

Mailing Address 435 L Ambiance Drive  
# J-903

City Longboat Key State FL Zip Code 34228-3927

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

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

Transaction ID: A-C4814

Amount of Each Receipt this Period  
150.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. W. Thomas Cook

Mailing Address 7869 Estrella Court

City Sarasota State FL Zip Code 34238-5578

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C4496

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Lois Cowles Harrison

Mailing Address 2311 Nevada Road

City State Zip Code  
Lakeland FL 33803-2339

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

Name of Employer Retired Occupation Civic Volunteer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

Transaction ID: A-C4739

Amount of Each Receipt this Period  
250.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. James Craig

Mailing Address 9215 66th Avenue Drive E

City State Zip Code  
Bradenton FL 34202-9630

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

Name of Employer Self Employed Occupation Investments

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: A-C4904

Amount of Each Receipt this Period  
500.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
John Cranor, III

Mailing Address 5700 N Tamiami Trail

City State Zip Code  
Sarasota FL 34243-2146

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

Name of Employer New College Foundation Occupation President & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

Transaction ID: A-C4555

Amount of Each Receipt this Period  
500.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Judith V. Cuppy

Mailing Address 3902 Somerset Drive

City State Zip Code  
Sarasota FL 34242-1110

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

Name of Employer Occupation  
Self Employed Business Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2006

**Transaction ID:** A-C4815

Amount of Each Receipt this Period  
100.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Frank Currie, Esq

Mailing Address 414 Cordova Boulevard NE

City State Zip Code  
St Petersburg FL 33704-3018

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

Name of Employer Occupation  
Beltz & Ruth Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2006

**Transaction ID:** A-C4753

Amount of Each Receipt this Period  
1000.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Felicidad Curva

Mailing Address 1212 Piedmont Drive

City State Zip Code  
Tallahassee FL 32312-2516

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

Name of Employer Occupation  
Curva and Associates Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2006

**Transaction ID:** A-C4789

Amount of Each Receipt this Period  
500.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Christopher Czaia

Mailing Address 1513 43rd Avenue Drive W

City Palmetto State FL Zip Code 34221-5714

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2006

Transaction ID: A-C4728

Amount of Each Receipt this Period  
200.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Talbot DAlemberte

Mailing Address 1117 Myers Park Drive

City Tallahassee State FL Zip Code 32301-4525

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

Name of Employer Florida State Occupation Former President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 27 / 2006

Transaction ID: A-C4522

Amount of Each Receipt this Period  
500.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Thomas Danbury

Mailing Address 500 Park Boulevard S Apt. 9

City Venice State FL Zip Code 34285-2726

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

Name of Employer Self Employed Occupation Polling

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 26 / 2006

Transaction ID: A-C4801

Amount of Each Receipt this Period  
1000.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1700.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Danvers

Mailing Address 110 S Buchanan Street

City State Zip Code  
Arlington VA 22204-1346

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

Name of Employer  
Griffin, Johnson, Boyer & Stewart

Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** A-C4918

Amount of Each Receipt this Period  
250.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sofia Del Villar

Mailing Address 5847 Fairwoods Circle

City State Zip Code  
Sarasota FL 34243-3823

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2006

**Transaction ID:** A-C4699

Amount of Each Receipt this Period  
400.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Nancy DeLong

Mailing Address 3344 Higel Avenue

City State Zip Code  
Sarasota FL 34242-1128

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

Name of Employer  
Unemployed

Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 21 / 2006

**Transaction ID:** A-C4516

Amount of Each Receipt this Period  
500.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joann E. Desrosiers

Mailing Address 340 S Palm Avenue  
Unit 73

City State Zip Code  
Sarasota FL 34236-6793

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

**Transaction ID:** A-C4593

Amount of Each Receipt this Period  
1850.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joann E. Desrosiers

Mailing Address 340 S Palm Avenue  
Unit 73

City State Zip Code  
Sarasota FL 34236-6793

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

**Transaction ID:** A-C5098

Amount of Each Receipt this Period  
150.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Suzanne Dickie

Mailing Address 3110 43rd Street W

City State Zip Code  
Bradenton FL 34209-6222

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

**Transaction ID:** A-C4737

Amount of Each Receipt this Period  
200.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Diem

Mailing Address PO Box 94

City State Zip Code  
Longboat Key FL 34228-0094

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 6

**Transaction ID:** A-C4595

Amount of Each Receipt this Period  
1000.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Norbert Donelly

Mailing Address 471 Webbs Cove

City State Zip Code  
Osprey FL 34229-9269

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

Name of Employer Tervis Tumblers Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

600.00

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

**Transaction ID:** A-C4848

Amount of Each Receipt this Period  
100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Maxine M Donohoo

Mailing Address 1255 N Gulfstream Avenue  
Unit PH-2

City State Zip Code  
Sarasota FL 34236-8948

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

**Transaction ID:** A-C4860

Amount of Each Receipt this Period  
200.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Maxine M Donohoo

Mailing Address 1255 N Gulfstream Avenue  
Unit PH-2

City Sarasota State FL Zip Code 34236-8948

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: A-C4861

Amount of Each Receipt this Period  
400.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. John C. Doremus, Jr.

Mailing Address 35 Oakes Road

City Rumson State NJ Zip Code 07760-1022

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

Name of Employer Self/Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 6

Transaction ID: A-C4530

Amount of Each Receipt this Period  
500.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Desi Dreffin

Mailing Address 610 N Casey Key Road

City Osprey State FL Zip Code 34229-9777

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

Name of Employer None Occupation Community Volunteer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: A-C4878

Amount of Each Receipt this Period  
500.00

contribution

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia Dreffin

Mailing Address 4027 Casey Key Road

City State Zip Code  
Nokomis FL 34275-3389

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00

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

**Transaction ID:** A-C4879

Amount of Each Receipt this Period  
500.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Keith Dubose

Mailing Address 12301 Mosswood Place

City State Zip Code  
Bradenton FL 34202-2044

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

Name of Employer Matthews, Eastmoore, Harley, Crawwels Occupation attorney

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

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

**Transaction ID:** A-C4891

Amount of Each Receipt this Period  
500.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Marvin J. Eichenblatt

Mailing Address 750 N Tamiami Trail Unit 711

City State Zip Code  
Sarasota FL 34236-4076

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

Name of Employer Lighting Gallery Occupation Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

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

**Transaction ID:** A-C4930

Amount of Each Receipt this Period  
500.00

Contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Charlotte Ellis

Mailing Address 6413 Falcon Drive

City State Zip Code  
Englewood FL 34224-8332

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

Name of Employer Retired Govt. Employee Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** A-C4612

Amount of Each Receipt this Period  
250.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence Evans

Mailing Address PO Box 25789

City State Zip Code  
Sarasota FL 34277-2789

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

Name of Employer retired Occupation inventor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

**Transaction ID:** A-C4748

Amount of Each Receipt this Period  
500.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr Robert Farmer

Mailing Address 10205 Collins Avenue

City State Zip Code  
Miami Beach FL 33154-1403

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** A-C4899

Amount of Each Receipt this Period  
1000.00

contribution

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Jaime Feheley

Mailing Address 3311 Jaffa Drive

City State Zip Code  
Sarasota FL 34239-6310

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

Name of Employer  
Licensed Therapist

Occupation  
Psychotherapist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2006

**Transaction ID:** A-C5121

Amount of Each Receipt this Period  
150.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rita Ferrandino

Mailing Address 8400 Woodbriar Drive

City State Zip Code  
Sarasota FL 34238-5653

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

Name of Employer  
ARC Capital Development

Occupation  
Venture Capitalist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2006

**Transaction ID:** A-C4818

Amount of Each Receipt this Period  
100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard S Fleisher

Mailing Address 219 Thorn Apple Court

City State Zip Code  
Royal Palm Beach FL 33411-1689

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

Name of Employer  
Palm Beach Comm College

Occupation  
Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2006

**Transaction ID:** A-C4749

Amount of Each Receipt this Period  
150.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Susan K. Flynn

Mailing Address 8211 241st Street E

City State Zip Code  
Myakka City FL 34251-6823

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

Name of Employer Colonial Bank, N.A. Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2006

**Transaction ID:** A-C4705

Amount of Each Receipt this Period  
600.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan K. Flynn

Mailing Address 8211 241st Street E

City State Zip Code  
Myakka City FL 34251-6823

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

Name of Employer Colonial Bank, N.A. Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2006

**Transaction ID:** A-C5087

Amount of Each Receipt this Period  
400.00

Contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Fox

Mailing Address 1727 Waldemere Street

City State Zip Code  
Sarasota FL 34239-2131

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

Name of Employer Michael Saunders & Company Occupation Real Estate Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2006

**Transaction ID:** A-C4711

Amount of Each Receipt this Period  
200.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Cynthia Friedman

Mailing Address 300 Seminole Avenue  
Apt. 2A

City State Zip Code  
Palm Beach FL 33480-3779

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

Name of Employer Occupation  
Union Real Estate Self/Philanthropist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: A-C4922

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ilene Friedman

Mailing Address 5023 Ashley Parkway

City State Zip Code  
Sarasota FL 34241-9407

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 6

Transaction ID: A-C4575

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ilene Friedman

Mailing Address 5023 Ashley Parkway

City State Zip Code  
Sarasota FL 34241-9407

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

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

Transaction ID: A-C4907

Amount of Each Receipt this Period  
700.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1950.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Linda Gallen

Mailing Address 8720 11th Avenue NW

City Bradenton State FL Zip Code 34209-9673

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

Name of Employer: Gallen Realty Occupation: Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt: 06 / 26 / 2006

Transaction ID: A-C4849

Amount of Each Receipt this Period: 200.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Chip Gaylor

Mailing Address 5171 Oxford Drive

City Sarasota State FL Zip Code 34242-1409

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

Name of Employer: Muirhead, Gaylor & Steves, LLP Occupation: Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 02 / 2006

Transaction ID: A-C5111

Amount of Each Receipt this Period: 500.00

Cotribution

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

**C.** Full Name (Last, First, Middle Initial)  
Chip Gaylor

Mailing Address 5171 Oxford Drive

City Sarasota State FL Zip Code 34242-1409

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

Name of Employer: Muirhead, Gaylor & Steves, LLP Occupation: Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 21 / 2006

Transaction ID: A-C4869

Amount of Each Receipt this Period: 500.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Edes Gilbert

Mailing Address 175 E 79th Street

City State Zip Code  
New York NY 10021-0432

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

Name of Employer Occupation  
Independent Educational Service Educator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2006

**Transaction ID:** A-C4793

Amount of Each Receipt this Period  
100.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Maria Gold

Mailing Address 7305 Summit Avenue

City State Zip Code  
Chevy Chase MD 20815-4029

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

Name of Employer Occupation  
GDS Fundraiser

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2006

**Transaction ID:** A-C4886

Amount of Each Receipt this Period  
500.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Nancy Gold

Mailing Address 4876 Peregrine Point Circle

City State Zip Code  
Sarasota FL 34231-4231

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

Name of Employer Occupation  
The New England Insurance Agent

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2006

**Transaction ID:** A-C4823

Amount of Each Receipt this Period  
100.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 36 / 140</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Rosalie Goldberg</p> <p>Mailing Address PO Box 562</p> <p>City State Zip Code Quogue NY 11959-0562</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2006  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2600.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> </p> <p><b>Transaction ID:</b> A-C5106</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	6												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Rosalie Goldberg</p> <p>Mailing Address PO Box 562</p> <p>City State Zip Code Quogue NY 11959-0562</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2006  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2600.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> </p> <p><b>Transaction ID:</b> A-C5528</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	6												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Ms. Sue Goldman</p> <p>Mailing Address 5 Quincy Street</p> <p>City State Zip Code Chevy Chase MD 20815-4226</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For: 2006  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">4200.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr> </table> </p> <p><b>Transaction ID:</b> A-C4942</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2100.00</span></p> <p>Contribution  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	6												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3100.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sue Goldman

Mailing Address 5 Quincy Street

City State Zip Code  
Chevy Chase MD 20815-4226

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** A-C5124

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Alfred Goldstein

Mailing Address 682 Mourning Dove Drive

City State Zip Code  
Sarasota FL 34236-1926

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 24 / 2006

**Transaction ID:** A-C4632

Amount of Each Receipt this Period  
1000.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Hazel Green

Mailing Address 376 Minnie Way

City State Zip Code  
Bowling Green KY 42101-9210

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 20 / 2006

**Transaction ID:** A-C4756

Amount of Each Receipt this Period  
50.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ron M Greenbaum

Mailing Address 1175 Westway Drive

City State Zip Code  
Sarasota FL 34236-1118

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

**Transaction ID:** A-C4643

Amount of Each Receipt this Period  
500.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ron M Greenbaum

Mailing Address 1175 Westway Drive

City State Zip Code  
Sarasota FL 34236-1118

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** A-C4936

Amount of Each Receipt this Period  
500.00

Contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ilene Grossbard

Mailing Address 7430 Cove Terrace

City State Zip Code  
Sarasota FL 34231-5422

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

Name of Employer Self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** A-C4902

Amount of Each Receipt this Period  
500.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Louise Guido

Mailing Address 4659 Gleason Avenue

City State Zip Code  
Sarasota FL 34242-1310

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

Name of Employer Occupation  
Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

**Transaction ID:** A-C4928

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Roberta Hamilton

Mailing Address 4196 Bowling Green Circle

City State Zip Code  
Sarasota FL 34233-3837

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

Name of Employer Occupation  
Self Employed Music Teacher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2006

**Transaction ID:** A-C4779

Amount of Each Receipt this Period  
35.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Arthur Hardy, Esq.

Mailing Address 1777 Main Street Suite 500

City State Zip Code  
Sarasota FL 34236-5841

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

Name of Employer Occupation  
Matthews Eastmoore Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2006

**Transaction ID:** A-C4929

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>535.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Lois Harrison		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 2311 Nevada Road		<b>Transaction ID:</b> A-C5110	
City State Zip Code Lakeland FL 33803-2339	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Kay C Heller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 2308 Wyoming Avenue NW		<b>Transaction ID:</b> A-C4892	
City State Zip Code Washington DC 20008-1641	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Community Activist	Election Cycle-to-Date ▼ 350.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Ms Shirley M. Hermanson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 4173 Oakhurst Circle W		<b>Transaction ID:</b> A-C4589	
City State Zip Code Sarasota FL 34233-1441	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>		contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 450.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms Shirley M. Hermanson

Mailing Address 4173 Oakhurst Circle W

City State Zip Code  
Sarasota FL 34233-1441

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 20 / 2006

Transaction ID: A-C4757

Amount of Each Receipt this Period  
50.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lenora E. Hickman

Mailing Address 3507 Rhodes Avenue

City State Zip Code  
New Boston OH 45662-4917

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

Name of Employer Self Employed Occupation Restaurateur

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 20 / 2006

Transaction ID: A-C4758

Amount of Each Receipt this Period  
100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald Hinkle, Esq.

Mailing Address 1545 Raymond Diehl Road Suite 150

City State Zip Code  
Tallahassee FL 32308-8740

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

Name of Employer Hinkle & Foran Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 07 / 2006

Transaction ID: A-C4552

Amount of Each Receipt this Period  
2000.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Janet Hinkle

Mailing Address 2500 Deer Lake N

City State Zip Code  
Tallahassee FL 32312-3742

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

Name of Employer Not employed Occupation Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 6

Transaction ID: A-C4523

Amount of Each Receipt this Period  
2100.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Holloway

Mailing Address 6201 Matchett Road

City State Zip Code  
Orlando FL 32809-2809

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

Name of Employer ABC Liquor Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

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

Transaction ID: A-C4890

Amount of Each Receipt this Period  
2100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Holloway

Mailing Address 6201 Matchett Road

City State Zip Code  
Orlando FL 32809-2809

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

Name of Employer ABC Liquor Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

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

Transaction ID: A-C5099

Amount of Each Receipt this Period  
2100.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Fred Howard

Mailing Address 3040 Grand Bay Boulevard  
Unit 245

City State Zip Code  
Longboat Key FL 34228-4400

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

Name of Employer Retired Occupation Retired

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

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

**Transaction ID:** A-C4799

Amount of Each Receipt this Period  
100.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marilyn Huss

Mailing Address 6701 Pointe West Boulevard

City State Zip Code  
Bradenton FL 34209-5422

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

Name of Employer Retired Occupation Retired teacher

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 6

**Transaction ID:** A-C4855

Amount of Each Receipt this Period  
250.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ambassador Jeanette Hyde

Mailing Address 359 W Royal Flamingo Drive

City State Zip Code  
Sarasota FL 34236-1815

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

Name of Employer WCU Board of Trustees Occupation Trustee

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** A-C4562

Amount of Each Receipt this Period  
600.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Ambassador Jeanette Hyde</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address 359 W Royal Flamingo Drive		<b>Transaction ID: A-C5089</b>
City State Zip Code Sarasota FL 34236-1815	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer WCU Board of Trustees	Occupation Trustee	Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>B. Ambassador Jeanette Hyde</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2006
Mailing Address 359 W Royal Flamingo Drive		<b>Transaction ID: A-C5102</b>
City State Zip Code Sarasota FL 34236-1815	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00
Name of Employer WCU Board of Trustees	Occupation Trustee	contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Daniel Idzik</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2006
Mailing Address 3030 Grand Bay Boulevard Unit 393		<b>Transaction ID: A-C4565</b>
City State Zip Code Longboat Key FL 34228-4411	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Christopher Jaensch

Mailing Address 635 Columbia Court

City State Zip Code  
Sarasota FL 34236-7127

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

Name of Employer Occupation  
Jaensch Immigration Law Firm Attorney

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

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** A-C4900

Amount of Each Receipt this Period  
300.00

contribution

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

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

Mailing Address 456 Lone Palm Drive

City State Zip Code  
Lakeland FL 33815-3409

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

Name of Employer Occupation  
Unemployed Homemaker

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

750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 20 / 2006

**Transaction ID:** A-C4760

Amount of Each Receipt this Period  
250.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carol Ann Kalish

Mailing Address 1744 Spring Creek Drive

City State Zip Code  
Sarasota FL 34239-5047

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

Name of Employer Occupation  
Williams Parker Law Firm Attorney

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

2750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2006

**Transaction ID:** A-C4581

Amount of Each Receipt this Period  
650.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carol Ann Kalish

Mailing Address 1744 Spring Creek Drive

City State Zip Code  
Sarasota FL 34239-5047

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

Name of Employer Occupation  
Williams Parker Law Firm Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

**Transaction ID:** A-C5091

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gerald S Kaplan

Mailing Address 99 Sunset Drive Apt. 401

City State Zip Code  
Sarasota FL 34236-5588

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** A-C5119

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gertrude Kasle

Mailing Address 1301 N Tamiami Trail Apt. 513

City State Zip Code  
Sarasota FL 34236-2441

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

**Transaction ID:** A-C4701

Amount of Each Receipt this Period  
900.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Gertrude Kasle

Mailing Address 1301 N Tamiami Trail  
Apt. 513

City State Zip Code  
Sarasota FL 34236-2441

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

**Transaction ID:** A-C5095

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary Kauffman

Mailing Address 1879 Prospect Street

City State Zip Code  
Sarasota FL 34239-2216

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

Name of Employer Self Employed Occupation Attorney

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

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

**Transaction ID:** A-C4816

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
General Claudia Kennedy

Mailing Address 52 Gloucester Road

City State Zip Code  
Hilton Head SC 29928-4834

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

Name of Employer Retired Occupation Retired General

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2300.00

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

**Transaction ID:** A-C4787

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
General Claudia Kennedy

Mailing Address 52 Gloucester Road

City State Zip Code  
Hilton Head SC 29928-4834

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

Name of Employer Retired Occupation Retired General

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2006

Transaction ID: A-C4905

Amount of Each Receipt this Period  
1800.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
General Claudia Kennedy

Mailing Address 52 Gloucester Road

City State Zip Code  
Hilton Head SC 29928-4834

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

Name of Employer Retired Occupation Retired General

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2006

Transaction ID: A-C5086

Amount of Each Receipt this Period  
200.00

Contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Penelope Kingman

Mailing Address 7040 Firehouse Road

City State Zip Code  
Longboat Key FL 34228-1138

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2006

Transaction ID: A-C4722

Amount of Each Receipt this Period  
500.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gary Kompothecras

Mailing Address 4054 Sawyer Road

City State Zip Code  
Sarasota FL 34233-1272

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

Name of Employer Self Employed Occupation Chiropractor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

Transaction ID: A-C4895

Amount of Each Receipt this Period  
1000.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Teresa A Koncick

Mailing Address 6705 Coyote Ridge Court

City State Zip Code  
University Park FL 34201-2116

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

Name of Employer Ringling Museum Occupation Associate Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2006

Transaction ID: A-C4646

Amount of Each Receipt this Period  
100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. J.D. Langley Sr.

Mailing Address 5119 N Tamiami Trail

City State Zip Code  
Sarasota FL 34234-2700

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

Name of Employer Wall Mark Exteriors Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2006

Transaction ID: A-C4826

Amount of Each Receipt this Period  
100.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Deborah Lansing

Mailing Address 12301 Baypointe Terrace

City State Zip Code  
Cortez FL 34215-2566

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

Name of Employer Self Employed Occupation Accountant

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

250.00

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

**Transaction ID:** A-C4783

Amount of Each Receipt this Period  
250.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Julie Leach

Mailing Address 5315 Hidden Harbor Road

City State Zip Code  
Sarasota FL 34242-1427

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 6

**Transaction ID:** A-C4538

Amount of Each Receipt this Period  
500.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Charlene Lenger

Mailing Address 700 Indian Beach Circle

City State Zip Code  
Sarasota FL 34234-5741

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

Name of Employer Self Employed - Tropex Occupation Owner

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

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

**Transaction ID:** A-C4506

Amount of Each Receipt this Period  
100.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 51 / 140</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Claire Levin Mailing Address 340 S Palm Avenue Apt. 45 City State Zip Code Sarasota FL 34236-6793 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Retired      Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Election Cycle-to-Date ▼ <span style="float: right; border: 1px solid black; padding: 2px;">300.00</span>	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">5</td><td style="border: 1px solid black; padding: 2px;"></td><td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;"></td><td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">6</td> </tr> </table> Transaction ID: A-C4604 Amount of Each Receipt this Period <span style="float: right; border: 1px solid black; padding: 2px;">300.00</span> contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	6												

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Bill Levine Mailing Address 604 Weston Pointe Court City State Zip Code Longboat Key FL 34228-3139 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Retired      Occupation Retired Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Election Cycle-to-Date ▼ <span style="float: right; border: 1px solid black; padding: 2px;">4100.00</span>	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">5</td><td style="border: 1px solid black; padding: 2px;"></td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">7</td><td style="border: 1px solid black; padding: 2px;"></td><td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">6</td> </tr> </table> Transaction ID: A-C4536 Amount of Each Receipt this Period <span style="float: right; border: 1px solid black; padding: 2px;">500.00</span> contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	7		2	0	0	6												

<b>C.</b> Full Name (Last, First, Middle Initial) Carol Levine Mailing Address 604 Weston Pointe Court City State Zip Code Longboat Key FL 34228-3139 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Unemployed      Occupation Homemaker Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      Election Cycle-to-Date ▼ <span style="float: right; border: 1px solid black; padding: 2px;">1500.00</span>	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">M</td><td style="border: 1px solid black; padding: 2px;">/</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">D</td><td style="border: 1px solid black; padding: 2px;">/</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td><td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">5</td><td style="border: 1px solid black; padding: 2px;"></td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">7</td><td style="border: 1px solid black; padding: 2px;"></td><td style="border: 1px solid black; padding: 2px;">2</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">0</td><td style="border: 1px solid black; padding: 2px;">6</td> </tr> </table> Transaction ID: A-C4535 Amount of Each Receipt this Period <span style="float: right; border: 1px solid black; padding: 2px;">500.00</span> contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	7		2	0	0	6												

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<span style="float: right; border: 1px solid black; padding: 2px;">1300.00</span>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<span style="float: right; border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Linda Lipsett

Mailing Address 4915 Hillbrook Lane NW

City State Zip Code  
Washington DC 20016-3208

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

Name of Employer Occupation  
Bernstein & Lipsett P.C. Attorney

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

2100.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

**Transaction ID:** A-C4580

Amount of Each Receipt this Period  
2100.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey Luhrsen

Mailing Address 7430 N Tamiami Trail

City State Zip Code  
Sarasota FL 34243-1807

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

Name of Employer Occupation  
Luhrsen Walsh Kleinberg Attorney

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

500.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2006

**Transaction ID:** A-C4539

Amount of Each Receipt this Period  
500.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles Lyons

Mailing Address 698 Seabrook Court  
Apt. 206

City State Zip Code  
Altamonte Springs FL 32714-7619

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

Name of Employer Occupation  
INTL Trading Inc. Vice President

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

500.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2006

**Transaction ID:** A-C4788

Amount of Each Receipt this Period  
500.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Julie Manchester

Mailing Address 5146 50th Avenue W

City State Zip Code  
Bradenton FL 34210-4902

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

Name of Employer Occupation  
PRENTICE HALL Author

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 6

**Transaction ID: A-C4531**

Amount of Each Receipt this Period  
500.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Bluma Marcus

Mailing Address 7907 Hampton Court

City State Zip Code  
University Park FL 34201-2221

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

Name of Employer Occupation  
Not employed Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID: A-C4603**

Amount of Each Receipt this Period  
300.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Philip V Martino, Esq.

Mailing Address 3311 W Lawn Avenue

City State Zip Code  
Tampa FL 33611-1930

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

Name of Employer Occupation  
Piper Rudnick Gray Cary US, LLP Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

**Transaction ID: A-C4647**

Amount of Each Receipt this Period  
250.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 140
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Diane Mason</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address 650 Penfield Street		<b>Transaction ID: A-C4773</b>	
City State Zip Code Longboat Key FL 34228-1450		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer Self Employed Occupation Self Employed Filmmaker		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Janice Mattina</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 512 77th Street		<b>Transaction ID: A-C4798</b>	
City State Zip Code Holmes Beach FL 34217-1008		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer Center for Eduaction Occupation Center for Eduaction Educator		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Demetra McBride</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 6	
Mailing Address 1633 Starling Drive		<b>Transaction ID: A-C4719</b>	
City State Zip Code Sarasota FL 34231-9121		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer Self-employed Occupation Self-employed Consultant		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Demetra McBride

Mailing Address 1633 Starling Drive

City State Zip Code  
Sarasota FL 34231-9121

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

Name of Employer Self-employed Occupation  
Consultant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2006

Transaction ID: A-C4830

Amount of Each Receipt this Period  
100.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Liane McCurry

Mailing Address 1379 5th Street Floor 2

City State Zip Code  
Sarasota FL 34236-4929

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

Name of Employer Self Employed Occupation  
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 11 / 2006

Transaction ID: A-C4567

Amount of Each Receipt this Period  
500.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan McLeod

Mailing Address 1662 Floyd Street

City State Zip Code  
Sarasota FL 34239-2132

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

Name of Employer Michael Saunders Company Occupation  
Realtor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

Transaction ID: A-C4618

Amount of Each Receipt this Period  
200.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Betty Menell</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 6	
Mailing Address 1255 N Gulfstream Avenue Apt. 1504		<b>Transaction ID: A-C4703</b>	
City State Zip Code Sarasota FL 34236-8935		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer Retired Occupation Retired		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Ronald G Meyer, Esq.</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address PO Box 1547		<b>Transaction ID: A-C4519</b>	
City State Zip Code Tallahassee FL 32302-1547		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		contribution	
Name of Employer Meyer & Brooks, P.A. Occupation Attorney		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Robert Montgomery, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1016 Clearwater Place		<b>Transaction ID: A-C4945</b>	
City State Zip Code West Palm Beach FL 33401-5013		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Montgomery & Associates Occupation Attorney		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
William E. Morris

Mailing Address 99 SE Mizner Boulevard  
Suite 120

City Boca Raton State FL Zip Code 33432-5527

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

Name of Employer Occupation  
real estate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 6

Transaction ID: A-C5116

Amount of Each Receipt this Period  
250.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Gloria Moss

Mailing Address 1535 Harbor Place

City Sarasota State FL Zip Code 34239-2019

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

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

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

Transaction ID: A-PI4

Amount of Each Receipt this Period  
500.00

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

**[MEMO ITEM]**  
Partnership Itemization  
Memo

**C.** Full Name (Last, First, Middle Initial)  
Ms. Marian Moss

Mailing Address 5328 Siesta Court

City Sarasota State FL Zip Code 34242-1707

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

Name of Employer Occupation  
The Moss Group Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

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

Transaction ID: A-PI5

Amount of Each Receipt this Period  
500.00

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

**[MEMO ITEM]**  
Partnership Itemization  
Memo

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Edward Mues

Mailing Address 1211 Gulf Of Mexico Drive  
Apt. 210

City State Zip Code  
Longboat Key FL 34228-3645

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2006

Transaction ID: A-C4829

Amount of Each Receipt this Period  
200.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jadwiga Z Mues

Mailing Address 1211 Gulf Of Mexico Drive  
Apt. 210

City State Zip Code  
Longboat Key FL 34228-3645

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2006

Transaction ID: A-C4582

Amount of Each Receipt this Period  
100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. R. Patrick Murray

Mailing Address 5171 Peppermill Court

City State Zip Code  
Sarasota FL 34241-7174

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

Name of Employer Mortgage Solutions of Sarasota, Inc Occupation Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 21 / 2006

Transaction ID: A-C4508

Amount of Each Receipt this Period  
500.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joy S. Naylor

Mailing Address 3319 Higel Avenue

City State Zip Code  
Sarasota FL 34242-1127

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

Name of Employer None Occupation Community Volunteer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

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

Transaction ID: A-C4894

Amount of Each Receipt this Period  
250.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Joy S. Naylor

Mailing Address 3319 Higel Avenue

City State Zip Code  
Sarasota FL 34242-1127

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

Name of Employer None Occupation Community Volunteer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

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

Transaction ID: A-C4893

Amount of Each Receipt this Period  
500.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Neil Neilinger

Mailing Address 990 Blvd. of the Arts  
603 B

City State Zip Code  
Sarasota FL 34236-4236

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

Name of Employer Self Employed Occupation Financial Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: A-C4908

Amount of Each Receipt this Period  
1000.00

contribution

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Katie Nichols

Mailing Address PO Box 13088

City State Zip Code  
St Petersburg FL 33733-3088

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

Name of Employer  
Rummel Real Estate Group, Inc.

Occupation  
Chairman & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

**Transaction ID:** A-C4592

Amount of Each Receipt this Period  
2100.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Katie Nichols

Mailing Address PO Box 13088

City State Zip Code  
St Petersburg FL 33733-3088

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

Name of Employer  
Rummel Real Estate Group, Inc.

Occupation  
Chairman & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2006

**Transaction ID:** A-C5093

Amount of Each Receipt this Period  
2100.00

Contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Joan Nixon

Mailing Address 7263 Plovers Way

City State Zip Code  
Sarasota FL 34242-2626

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2006

**Transaction ID:** A-C4831

Amount of Each Receipt this Period  
100.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jeanne Nunn

Mailing Address 1111 N Gulfstream Avenue  
Apt. 6C

City State Zip Code  
Sarasota FL 34236-5532

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

Name of Employer Retired Occupation Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

**Transaction ID:** A-C4586

Amount of Each Receipt this Period  
100.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr Marshall I Nurenberg

Mailing Address 1211 Gulf Of Mexico Drive  
Apt. 608

City State Zip Code  
Longboat Key FL 34228-3650

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

Name of Employer Retired Occupation Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 2 / 2 0 0 6

**Transaction ID:** A-C4606

Amount of Each Receipt this Period  
250.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Albert C O'Neill

Mailing Address 7354 Manasota Key Road

City State Zip Code  
Englewood FL 34223-9340

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

Name of Employer Trenam,Kemker,Scharf,Bark-in,Frye,O'Nei Occupation Attorney/Partner

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

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

**Transaction ID:** A-C5101

Amount of Each Receipt this Period  
500.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Matthew Orr		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 6
Mailing Address 1866 Hawkins Court		<b>Transaction ID:</b> A-C4716
City State Zip Code Sarasota FL 34236-6910	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Davmat Properties, LLC	Occupation Business Partner	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Tashery Otway-Smithers		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 6
Mailing Address Midnight Sunshine Egyptians 1031 Albee Farm Road		<b>Transaction ID:</b> A-C4720
City State Zip Code Venice FL 34285-4285	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Midnight Susnshine Egyptians	Occupation Horse Breeder	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Gary J Payne		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 6
Mailing Address 21 Stoneridge Circle		<b>Transaction ID:</b> A-C4938
City State Zip Code Standish ME 04084-5250	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ira Peterman

Mailing Address 3415 Winding Oaks Drive

City State Zip Code  
Longboat Key FL 34228-4126

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

Name of Employer Occupation  
Retired Retired

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

300.00

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

Transaction ID: A-C4505

Amount of Each Receipt this Period  
100.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mary T. Porter

Mailing Address 2916 Wilderness

City State Zip Code  
PArrish FL 34219-4219

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

Name of Employer Occupation  
Self Employed Dentist

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

600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

Transaction ID: A-C4746

Amount of Each Receipt this Period  
100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Carol M Poteat-Buchanan

Mailing Address 5346 Everwood Run

City State Zip Code  
Sarasota FL 34235-4600

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

Name of Employer Occupation  
Retired Retired

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

750.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

Transaction ID: A-C4672

Amount of Each Receipt this Period  
100.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jane Powers

Mailing Address 4206 Caddie Drive E  
Apt. 104

City Bradenton State FL Zip Code 34203-3424

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

**Transaction ID:** A-C4682

Amount of Each Receipt this Period  
200.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jane Powers

Mailing Address 4206 Caddie Drive E  
Apt. 104

City Bradenton State FL Zip Code 34203-3424

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

**Transaction ID:** A-C4736

Amount of Each Receipt this Period  
25.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr Alan Quinby

Mailing Address 3528 Fair Oaks Lane

City Longboat Key State FL Zip Code 34228-4106

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

Name of Employer Gee Wiz Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2200.00

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

**Transaction ID:** A-C4792

Amount of Each Receipt this Period  
1100.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1325.00

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr Alan Quinby

Mailing Address 3528 Fair Oaks Lane

City State Zip Code  
Longboat Key FL 34228-4106

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

Name of Employer Occupation  
Gee Wiz President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2200.00

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

**Transaction ID:** A-C5097

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marjorie Randolph

Mailing Address 2175 Vista Del Mar Street

City State Zip Code  
Los Angeles CA 90068-3320

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

Name of Employer Occupation  
Walt Disney Studios SVP Human Resources

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

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

**Transaction ID:** A-C4790

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Richardson

Mailing Address 1255 N Gulfstream Avenue

City State Zip Code  
Sarasota FL 34236-8948

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

Name of Employer Occupation  
Richardson Kleiber Walter, Inc. Real Estate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

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

**Transaction ID:** A-C4885

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Judith Ritt

Mailing Address 630 Venice Lane

City State Zip Code  
Sarasota FL 34242-1443

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

Name of Employer  
Self Employed

Occupation  
Psychologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
575.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2006

Transaction ID: A-C4932

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Sidney Robbins

Mailing Address 4208 Marina Court

City State Zip Code  
Cortez FL 34215-2516

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

Transaction ID: A-C4557

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry Roberts

Mailing Address 27700 SW 164th Avenue

City State Zip Code  
Homestead FL 33031-2846

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

Name of Employer  
Self-employed

Occupation  
Biologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2006

Transaction ID: A-C4786

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Glen Robertson

Mailing Address 1304 S Orange Avenue

City State Zip Code  
Sarasota FL 34239-2030

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

Name of Employer Occupation  
Mini-Systems Inc. Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 6

**Transaction ID:** A-C4566

Amount of Each Receipt this Period  
1000.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Norman Rodin

Mailing Address 2103 Harbourside Drive

City State Zip Code  
Longboat Key FL 34228-4251

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

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

**Transaction ID:** A-C4755

Amount of Each Receipt this Period  
100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerald Ronkin

Mailing Address 7749 Whitebridge Glen

City State Zip Code  
University Park FL 34201-2245

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

Name of Employer Occupation  
Beth Shalom Executive Director, Temple Beth Shalom

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

**Transaction ID:** A-C4718

Amount of Each Receipt this Period  
200.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms Eileen Rosenzweig

Mailing Address 4448 Golden Lake Drive

City State Zip Code  
Sarasota FL 34233-1978

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

Name of Employer Occupation  
Sir Speedy Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2006

Transaction ID: A-C4704

Amount of Each Receipt this Period  
1000.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Stanford Ross

Mailing Address 615 N Owl Drive

City State Zip Code  
Sarasota FL 34236-1905

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2006

Transaction ID: A-C4726

Amount of Each Receipt this Period  
100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stanley Rutstein

Mailing Address The Water Club  
1281 Gulf of Mexico Dr., Unit 203N

City State Zip Code  
Longboat Key FL 34228-4228

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

Name of Employer Occupation  
Wagner Realty Realtor

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

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2006

Transaction ID: A-C4572

Amount of Each Receipt this Period  
200.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Tana Sandefur

Mailing Address 1233 N Gulfstream Avenue  
Unit 1001

City State Zip Code  
Sarasota FL 34236-8956

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

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2006

**Transaction ID:** A-C4941

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Edward Schaye

Mailing Address 3449 Winding Oaks Drive

City State Zip Code  
Longboat Key FL 34228-4142

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

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2006

**Transaction ID:** A-C4658

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Wanda Scurlock

Mailing Address 2700 Patton Drive

City State Zip Code  
Wheeleburg OH 45694-5694

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

Name of Employer Occupation  
Self Employed Business Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 21 / 2006

**Transaction ID:** A-C4492

Amount of Each Receipt this Period  
250.00

250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 70 / 140</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. & Mrs. Richard Segall Mailing Address 424 Jobs Creek Road City State Zip Code Sunapee NH 03782-3110 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C4939 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table> Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6		500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	0	6														
	500.00																						
Name of Employer Retired      Occupation Retired Receipt For: 2006      Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>1500.00</td> </tr> </table>		1500.00																					
	1500.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Sarah Segall Mailing Address 1160 Beacon Street Apt. 303 City State Zip Code Brookline MA 02446-3961 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C4738 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>100.00</td> </tr> </table> contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	6		100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	8		2	0	0	6														
	100.00																						
Name of Employer Retired      Occupation Retired Receipt For: 2006      Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>3350.00</td> </tr> </table>		3350.00																					
	3350.00																						

<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Sondra Seidman Mailing Address 1255 N Gulfstream Avenue Apt. 202 City State Zip Code Sarasota FL 34236-8903 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A-C4834 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>100.00</td> </tr> </table> contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	7		2	0	0	6		100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	7		2	0	0	6														
	100.00																						
Name of Employer Retired      Occupation Retired Receipt For: 2006      Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>350.00</td> </tr> </table>		350.00																					
	350.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>700.00</td> </tr> </table>		700.00
	700.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 71 / 140</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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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)  
Christine Jennings For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Michael J. Shelton</p> <p>Mailing Address 426 Partridge Circle</p> <p>City State Zip Code Sarasota FL 34236-1912</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2006  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">4647.33</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 26 / 2006</span></p> <p><b>Transaction ID:</b> A-C4808</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">800.00</span></p> <p>contribution</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Frank S Shewer</p> <p>Mailing Address 990 Boulevard Of The Arts Apt. 801</p> <p>City State Zip Code Sarasota FL 34236-4875</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2006  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1850.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 29 / 2006</span></p> <p><b>Transaction ID:</b> A-C4889</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>contribution</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Ruth Simpson</p> <p>Mailing Address 1225 N Gulfstream Avenue Apt. 607</p> <p>City State Zip Code Sarasota FL 34236-8959</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For: 2006  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 17 / 2006</span></p> <p><b>Transaction ID:</b> A-C4583</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1150.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Teresa M Skahill

Mailing Address 2404 89th Street NW

City State Zip Code  
Bradenton FL 34209-9438

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

Name of Employer Self Employed Occupation  
Self Employed Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID: A-C4554**

Amount of Each Receipt this Period  
300.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms Eva T Slane

Mailing Address 5536 Country Club Way

City State Zip Code  
Sarasota FL 34243-3757

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

Name of Employer Retired Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 6

**Transaction ID: A-C4577**

Amount of Each Receipt this Period  
50.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Dr. Peggy Smythe March

Mailing Address 1511 S Lake Shore Drive

City State Zip Code  
Sarasota FL 34231-3405

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

Name of Employer Self Employed Occupation  
Self Employed Physician/Dermatologist

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

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

**Transaction ID: A-C4616**

Amount of Each Receipt this Period  
500.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Donna Sobel

Mailing Address 4900 Manatee Avenue W  
Suite 206

City Bradenton State FL Zip Code 34209-3859

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2006

**Transaction ID:** A-C5114

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Donna Sobel

Mailing Address 4900 Manatee Avenue W  
Suite 206

City Bradenton State FL Zip Code 34209-3859

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2006

**Transaction ID:** A-C4702

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward Sobel

Mailing Address 4900 Manatee Avenue W

City Bradenton State FL Zip Code 34209-3859

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3400.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2006

**Transaction ID:** A-C5115

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon Socol

Mailing Address 11 Tahiti Beach Island Road

City State Zip Code  
Coral Gables FL 33143-6540

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

Name of Employer Self-Employed Occupation  
Photographer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

**Transaction ID: A-C4844**

Amount of Each Receipt this Period  
250.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Annie Spurge

Mailing Address 770 S Palm Avenue  
Apt. 802

City State Zip Code  
Sarasota FL 34236-8700

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

Name of Employer Retired Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

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

**Transaction ID: A-C4797**

Amount of Each Receipt this Period  
100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lorna Stall

Mailing Address 1003 Bayou Place

City State Zip Code  
Sarasota FL 34236-8411

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

Name of Employer Girls Inc. of Sarasota Co-  
county Occupation  
Finance Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

**Transaction ID: A-C4781**

Amount of Each Receipt this Period  
250.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Elaine Stein

Mailing Address 3040 Grand Bay Boulevard  
Unit 216

City Longboat Key State FL Zip Code 34228-4199

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

**Transaction ID:** A-C4591

Amount of Each Receipt this Period  
1100.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Elaine Stein

Mailing Address 3040 Grand Bay Boulevard  
Unit 216

City Longboat Key State FL Zip Code 34228-4199

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

**Transaction ID:** A-C5100

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Stein

Mailing Address 3040 Grand Bay Boulevard  
Unit 216

City Longboat Key State FL Zip Code 34228-4199

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 6

**Transaction ID:** A-C4590

Amount of Each Receipt this Period  
1500.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Monique Sterling

Mailing Address 1301 N Tamiami Trail  
Apt. 210

City Sarasota State FL Zip Code 34236-2411

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 680.00

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

**Transaction ID:** A-C4765

Amount of Each Receipt this Period  
150.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Tester

Mailing Address 6415 21st Avenue W  
Apt. 502

City Bradenton State FL Zip Code 34209-7857

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

Name of Employer Retired Occupation Retired Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

**Transaction ID:** A-C4665

Amount of Each Receipt this Period  
100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wilbur Tiemann

Mailing Address 5211 Heron Way

City Sarasota State FL Zip Code 34231-9103

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

**Transaction ID:** A-C4721

Amount of Each Receipt this Period  
200.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Robbie Tisch

Mailing Address 1629 Pelican Cove Road  
Apt. 133B

City State Zip Code  
Sarasota FL 34231-1728

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

Name of Employer Management Asst. Group Occupation Fundraiser

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 0 6

**Transaction ID:** A-C4633

Amount of Each Receipt this Period  
500.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. E. Alan Turow

Mailing Address 3625 Fair Oaks Place

City State Zip Code  
Longboat Key FL 34228-4152

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

Name of Employer Retired Occupation Retired

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

550.00

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

**Transaction ID:** A-C4837

Amount of Each Receipt this Period  
200.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Varner

Mailing Address 1545 Hillview Drive

City State Zip Code  
Sarasota FL 34239-2027

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

Name of Employer Retired Occupation Retired

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

4200.00

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

**Transaction ID:** A-C4865

Amount of Each Receipt this Period  
2100.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Varner

Mailing Address 1545 Hillview Drive

City State Zip Code  
Sarasota FL 34239-2027

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2006

Transaction ID: A-C5092

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mrs Elizabeth S Wall

Mailing Address 1299 N Tamiami Trail Apt. 821

City State Zip Code  
Sarasota FL 34236-2469

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

Name of Employer Self Employed Occupation Writer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2006

Transaction ID: A-C4777

Amount of Each Receipt this Period  
200.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Heather B Wallace

Mailing Address 726 11th Avenue W

City State Zip Code  
Palmetto FL 34221-4628

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

Name of Employer Retired Occupation Teacher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2006

Transaction ID: A-C4734

Amount of Each Receipt this Period  
200.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Victoria Lynn Weber, Esq.

Mailing Address 1205 Kenilworth Road

City State Zip Code  
Tallahassee FL 32312-3053

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

Name of Employer Occupation  
Hopping Green & Sams, P.A. Accountant

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 6

Transaction ID: A-C4524

Amount of Each Receipt this Period  
500.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Sharyn Weiner

Mailing Address 7755 Alister Mackenzie Drive

City State Zip Code  
Sarasota FL 34240-8708

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

Name of Employer Occupation  
Jackson & Associates Consultant

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

750.00

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

Transaction ID: A-C4882

Amount of Each Receipt this Period  
500.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary E. Wellman

Mailing Address 3760 Simmerman Court

City State Zip Code  
Carmel IN 46033-4747

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

Name of Employer Occupation  
Retired Retired

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

Transaction ID: A-C4553

Amount of Each Receipt this Period  
500.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Gerald Wexler

Mailing Address 5823 Riegels Harbor Road

City State Zip Code  
Sarasota FL 34242-1779

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

Name of Employer Retired Occupation Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 6

**Transaction ID:** A-C4854

Amount of Each Receipt this Period  
500.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. I.E. Whisnant

Mailing Address 2424 Manatee Avenue W Suite 101

City State Zip Code  
Bradenton FL 34205-4954

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 6

**Transaction ID:** A-C4745

Amount of Each Receipt this Period  
100.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary White

Mailing Address 1463 N Highview Lane Apt. 401

City State Zip Code  
Alexandria VA 22311-2336

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

Name of Employer CSBS Occupation Editor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

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

**Transaction ID:** A-C4761

Amount of Each Receipt this Period  
100.00

contribution

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 140
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harvey Wineberg

Mailing Address 180 N La Salle Street  
Suite 2200

City Chicago State IL Zip Code 60601-2610

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

Name of Employer Wineberg, Solheim, Howell & Shain, PC  
Occupation Certified Public Accountant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 6

**Transaction ID:** A-C4532

Amount of Each Receipt this Period  
250.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Theodore Winsberg

Mailing Address Route 1, Box 331-B  
12750 Hagen Ranch Road

City Boyton Beach State FL Zip Code 33437-3437

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

Name of Employer Self Employed  
Occupation Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** A-C4872

Amount of Each Receipt this Period  
1000.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Zena Wolfe

Mailing Address 1281 Gulf Of Mexico Drive  
Unit 304

City Longboat Key State FL Zip Code 34228-4632

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

Name of Employer Retired  
Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

**Transaction ID:** A-C4862

Amount of Each Receipt this Period  
1200.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 140
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Barbara A. Zdravecky

Mailing Address PO Box 1292

City State Zip Code  
Anna Maria FL 34216-1292

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

Name of Employer Occupation  
Planned Parenthood Executive Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1450.00

Date of Receipt  

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

Transaction ID: A-C4807

Amount of Each Receipt this Period  
200.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	115730.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 140
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. AICPA</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address Harborside Financial Center 201 Plaza Three		<b>Transaction ID: A-C4664</b>	
City Jersey City State NJ Zip Code 07311-2881	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C C00077321</b>		contribution	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00		
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) <b>B. ATLA PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6	
Mailing Address 1050 31st Street NW		<b>Transaction ID: A-C4630</b>	
City Washington State DC Zip Code 20007-4409	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C C00024521</b>		contribution	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 10000.00		
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) <b>C. Boyd for Congress</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address PO Box 15703		<b>Transaction ID: A-C4916</b>	
City Tallahassee State FL Zip Code 32317-5703	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C C00310607</b>		contribution	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 84 / 140  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Campaign for Florida's Future  
Mailing Address PO Box 18045  
City Tampa State FL Zip Code 33679-8045  
FEC ID number of contributing federal political committee. **C** C00387704  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 1 / 2 0 0 6  
Transaction ID: A-C4622  
Amount of Each Receipt this Period  
500.00  
contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CAP PAC  
Mailing Address 38 Ivy Street SE  
City Washington State DC Zip Code 20003-4006  
FEC ID number of contributing federal political committee. **C** C00388959  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 6  
Transaction ID: A-C5015  
Amount of Each Receipt this Period  
1000.00  
Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Committee on Letter Carriers Political Education (NALC)  
Mailing Address 100 Indiana Avenue NW  
City Washington State DC Zip Code 20001-2144  
FEC ID number of contributing federal political committee. **C** C00023580  
Name of Employer Occupation  
Receipt For: 2006  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 0 6  
Transaction ID: A-C4625  
Amount of Each Receipt this Period  
2500.00  
contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 140
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Democrats for the Future</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 20 Park Road Suite E		<b>Transaction ID: A-C4919</b>
City State Zip Code Burlingame CA 94010-4443	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00371633		contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Firefighters and Paramedics for Public Safety</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 740 Commerce Drive Suite 1		<b>Transaction ID: A-C4887</b>
City State Zip Code Venice FL 34292-1743	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Forward Together PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 6849 Old Dominion Drive Suite 222		<b>Transaction ID: A-C4933</b>
City State Zip Code Mclean VA 22101-3705	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00412791		Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 140
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Hastings For Congress

Mailing Address PO Box 100277

City State Zip Code  
Ft Lauderdale FL 33310-0277

FEC ID number of contributing federal political committee. **C** C00269837

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2006

**Transaction ID:** A-C4857

Amount of Each Receipt this Period  
500.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
Hoyer for Congress Committee

Mailing Address 7905 Malcolm Road Suite 102

City State Zip Code  
Clinton MD 20735-1701

FEC ID number of contributing federal political committee. **C** C00140715

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** A-C4917

Amount of Each Receipt this Period  
2000.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
International Brotherhood of Electrical Workers

Mailing Address 900 7th Street NW

City State Zip Code  
Washington DC 20001-3886

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2006

**Transaction ID:** A-C4921

Amount of Each Receipt this Period  
1000.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 87 / 140  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Marion Berry for Congress  
 Mailing Address PO Box 8084  
 City State Zip Code  
 Jonesboro AR 72403-8084  
 FEC ID number of contributing federal political committee. **C** C00313734  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 6 / 2 0 0 6  
**Transaction ID:** A-C4579  
 Amount of Each Receipt this Period  
 1000.00  
 contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Maryland Association for Concerned Citizens  
 Mailing Address PO Box 32196  
 City State Zip Code  
 Pikesville MD 21282-2196  
 FEC ID number of contributing federal political committee. **C** C00195024  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6  
**Transaction ID:** A-C4888  
 Amount of Each Receipt this Period  
 1000.00  
 contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mike Ross for Congress Committee  
 Mailing Address PO Box 360  
 City State Zip Code  
 Prescott AR 71857-0360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 6  
**Transaction ID:** A-C5107  
 Amount of Each Receipt this Period  
 2000.00  
 Contribution  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 140
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
New Democrat Coalition PAC

Mailing Address 607 14th Street NW  
Suite 800

City Washington State DC Zip Code 20005-2005

FEC ID number of contributing federal political committee. **C** C00409730

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2006

**Transaction ID:** A-C4937

Amount of Each Receipt this Period  
3000.00

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

Earmarked through Democratic Congressional Campaign Committee, Inc..

**B.** Full Name (Last, First, Middle Initial)  
Our Common Values PAC

Mailing Address 101 W Grand Avenue  
Suite 200

City Chicago State IL Zip Code 60610-4230

FEC ID number of contributing federal political committee. **C** C00399014

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2006

**Transaction ID:** A-C4856

Amount of Each Receipt this Period  
3000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Planned Parenthood Action Fund Inc.

Mailing Address 1780 Massachusetts Avenue NW

City Washington State DC Zip Code 20036-1903

FEC ID number of contributing federal political committee. **C** C00314617

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 24 / 2006

**Transaction ID:** A-C4634

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 140
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

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

Mailing Address PO Box 70432

City Washington State DC Zip Code 20024-0432

FEC ID number of contributing federal political committee. **C** C00411538

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** A-C4518

Amount of Each Receipt this Period  
1000.00

contribution

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

**B.** Full Name (Last, First, Middle Initial)  
United Auto Workers

Mailing Address UAW V Cap  
8000 East Jefferson Avenue

City Detroit State MI Zip Code 48214-3963

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** A-C4568

Amount of Each Receipt this Period  
5000.00

contribution

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

**C.** Full Name (Last, First, Middle Initial)  
United Steel Workers

Mailing Address Five Gateway Center

City Pittsburgh State PA Zip Code 15222-5222

FEC ID number of contributing federal political committee. **C** C00003590

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** A-C4651

Amount of Each Receipt this Period  
5000.00

contribution

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 90 / 140	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Christine Jennings For Congress
--

Full Name (Last, First, Middle Initial) A. Vinepac	
Mailing Address 607 14th Street NW	
City Washington	State DC
Zip Code 20005-2000	
FEC ID number of contributing federal political committee.	<b>C</b> C00378695
Name of Employer	Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006
Transaction ID: A-C4934
Amount of Each Receipt this Period 1000.00
Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	44250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 140
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**A.** Full Name (Last, First, Middle Initial)  
Florida Power & Light (FPL)

Mailing Address P.O. Box 25578

City State Zip Code  
Miami FL 33102-3102

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
214.48

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 1 / 2 0 0 6

**Transaction ID: A-O5083**

Amount of Each Receipt this Period  
214.48

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

**B.** Full Name (Last, First, Middle Initial)  
Verizon Florida, Inc

Mailing Address PO Box 920041

City State Zip Code  
Dallas TX 75392-0041

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
268.08

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 0 / 2 0 0 6

**Transaction ID: A-O5084**

Amount of Each Receipt this Period  
186.38

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.86
<b>TOTAL</b> This Period (last page this line number only) .....	▶	400.86

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: B-E-5040</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6	
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 4.50	
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID: B-E-5051</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6	
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 2573.79	
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Credit Card Payment Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: B-E-5061</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 4.50	
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Merchant Fees Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2582.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID: B-E-5065</b> Date of Disbursement 06 / 26 / 2006
Mailing Address PO Box 360001		Amount of Each Disbursement this Period 4.50
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Merchant Fees Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. AT &amp; T Universal Card</b>		<b>Transaction ID: B-E-5050</b> Date of Disbursement 05 / 16 / 2006
Mailing Address PO Box 44167		Amount of Each Disbursement this Period 1067.26
City Jacksonville State FL Zip Code 32231-4167	Purpose of Disbursement Telephones Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Avenet, LLC</b>		<b>Transaction ID: B-E-4952</b> Date of Disbursement 04 / 03 / 2006
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 240.00
City Saint Paul State MN Zip Code 55108-5253	Purpose of Disbursement Telephones Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1311.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Avenet, LLC</b>		<b>Transaction ID: B-E-5104</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 183.25
City Saint Paul State MN Zip Code 55108-5253	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees		001 Category/ Type
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Avenet, LLC</b>		<b>Transaction ID: B-E-5105</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 193.75
City Saint Paul State MN Zip Code 55108-5253	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees		001 Category/ Type
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Avenet, LLC</b>		<b>Transaction ID: B-E-5103</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 1380 Energy Lane Suite 206		Amount of Each Disbursement this Period 125.75
City Saint Paul State MN Zip Code 55108-5253	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees		001 Category/ Type
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	502.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Bankers Club of Miami</b>		Transaction ID: B-E-4967 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address One Biscayne Tower		Amount of Each Disbursement this Period 835.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Miami State FL Zip Code 33131-3131	Purpose of Disbursement Food and Beverage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular</b>		Transaction ID: B-E-4964 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address PO Box 772348		Amount of Each Disbursement this Period 399.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ocala State FL Zip Code 34477-2348	Purpose of Disbursement Telephones Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cingular</b>		Transaction ID: B-E-4979 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address PO Box 772348		Amount of Each Disbursement this Period 405.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ocala State FL Zip Code 34477-2348	Purpose of Disbursement Telephones Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1640.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 140

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

<b>A. Cingular</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 772348 City Ocala State FL Zip Code 34477-2348 Purpose of Disbursement Telephones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-4998</b> Date of Disbursement 06 / 01 / 2006 Amount of Each Disbursement this Period 413.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Colonial Bank, N.A.</b> Full Name (Last, First, Middle Initial) Mailing Address 2 N Tamiami Trail Suite 100 City Sarasota State FL Zip Code 34236-5562 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-5074</b> Date of Disbursement 04 / 04 / 2006 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Colonial Bank, N.A.</b> Full Name (Last, First, Middle Initial) Mailing Address 2 N Tamiami Trail Suite 100 City Sarasota State FL Zip Code 34236-5562 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-5036</b> Date of Disbursement 04 / 05 / 2006 Amount of Each Disbursement this Period 29.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	452.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5037</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 330.10
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5038</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 31.25
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5039</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 1.13
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**362.48**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5075</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 55.00
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5076</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 10.00
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5057</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 91.50
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	156.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Colonial Bank, N.A.</b>		Transaction ID: B-E-5058 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 28.30
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Colonial Bank, N.A.</b>		Transaction ID: B-E-5059 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 3.24
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Colonial Bank, N.A.</b>		Transaction ID: B-E-5077 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 55.00
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	86.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5060</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 3.00
City Sarasota State FL Zip Code 34236-5562	Purpose of Disbursement Bank Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5070</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 100.00
City Sarasota State FL Zip Code 34236-5562	Purpose of Disbursement Bank Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5078</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 10.00
City Sarasota State FL Zip Code 34236-5562	Purpose of Disbursement Bank Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	113.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5062</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 125.47
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5063</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 37.30
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5064</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 1.54
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	164.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5079</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 55.00
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Colonial Bank, N.A.</b>		<b>Transaction ID: B-E-5071</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address 2 N Tamiami Trail Suite 100		Amount of Each Disbursement this Period 50.00
City Sarasota State FL Zip Code 34236-5562	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Charges Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Comcast Cable</b>		<b>Transaction ID: B-E-5032</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 500 Gravers Road		Amount of Each Disbursement this Period 60.00
City Plymouth Meeting State PA Zip Code 19462-1719	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cable Service Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	165.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Comcast Cable</b>		<b>Transaction ID: B-E-4986</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 500 Gravers Road		Amount of Each Disbursement this Period 120.00
City Plymouth Meeting State PA Zip Code 19462-1719	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cable Service	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Comcast Cable</b>		<b>Transaction ID: B-E-4997</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 500 Gravers Road		Amount of Each Disbursement this Period 120.00
City Plymouth Meeting State PA Zip Code 19462-1719	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cable Service	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FedEx Kinko's</b>		<b>Transaction ID: B-S-13</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 1901 S Tamiami Trail		Amount of Each Disbursement this Period 17.12
City Sarasota State FL Zip Code 34239-3624	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Copies	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of Samuel Hewitt(04/10/06)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Fenn Communications Group</b>		<b>Transaction ID: B-E-4954</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 2715 M Street NW Suite 150		Amount of Each Disbursement this Period 1560.75
City Washington State DC Zip Code 20007-3733	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Communications Consulting Fees	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fla Dept. of State</b>		<b>Transaction ID: B-E-4973</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address RA Gray Building 500 S Bronogh St		Amount of Each Disbursement this Period 9726.00
City Tallahassee State FL Zip Code 32399-2399	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Filing Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Genesys Telecommunications</b>		<b>Transaction ID: B-E-4959</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 2001 Junipero Serra Boulevard		Amount of Each Disbursement this Period 114.83
City Daly City State CA Zip Code 94014-3891	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Conference Call Charges	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11401.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 140

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Genesys Telecommunications</b>		<b>Transaction ID: B-E-5073</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 2001 Junipero Serra Boulevard		Amount of Each Disbursement this Period 130.00
City State Zip Code Daly City CA 94014-3891	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Conference Call Charges	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hamilton, Beattle &amp; Staff</b>		<b>Transaction ID: B-E-4955</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 4201 Connecticut Avenue NW Suite 610		Amount of Each Disbursement this Period 1000.00
City State Zip Code Washington DC 20008-1163	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Polling Consulting Fees	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hamilton, Beattle &amp; Staff</b>		<b>Transaction ID: B-E-5031</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 4201 Connecticut Avenue NW Suite 610		Amount of Each Disbursement this Period 1000.00
City State Zip Code Washington DC 20008-1163	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Polling Consulting Fees	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 140

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. JetBlue</b>		Transaction ID: B-S-45 Date of Disbursement 05 / 02 / 2006
Mailing Address 11829 Queens Boulevard		Amount of Each Disbursement this Period 488.60
City Forest Hills State NY Zip Code 11375-7203	Purpose of Disbursement Administrative/Salary/Overhead: Airfare Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of American Express(05/02/06)
Category/Type: 001		

Full Name (Last, First, Middle Initial) <b>B. Kangas &amp; Assoc.</b>		Transaction ID: B-E-4975 Date of Disbursement 04 / 26 / 2006
Mailing Address 4545 Mariotti Court Unit J		Amount of Each Disbursement this Period 436.56
City Sarasota State FL Zip Code 34233-3433	Purpose of Disbursement Phone Installation and Leasing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type: 001		

Full Name (Last, First, Middle Initial) <b>C. Manatee County Chamber of Commerce</b>		Transaction ID: B-E-5000 Date of Disbursement 06 / 01 / 2006
Mailing Address 222 10th Street W		Amount of Each Disbursement this Period 200.00
City Bradenton State FL Zip Code 34205-8636	Purpose of Disbursement Luncheon Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type: 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	636.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Manatee County DEC</b>		<b>Transaction ID: B-E-5068</b> Date of Disbursement 04 / 07 / 2006
Mailing Address PO Box 14669		Amount of Each Disbursement this Period 210.00
City Bradenton State FL Zip Code 34280-4669	Purpose of Disbursement Other: Contribution	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Marriott Courtyard</b>		<b>Transaction ID: B-S-47</b> Date of Disbursement 05 / 02 / 2006
Mailing Address 1001 Okeechobee Boulevard		Amount of Each Disbursement this Period 308.30
City West Palm Beach State FL Zip Code 33401-6214	Purpose of Disbursement Administrative/Salary/Overhead: Lodging	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(05/02/06)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Marriott Courtyard</b>		<b>Transaction ID: B-S-48</b> Date of Disbursement 05 / 02 / 2006
Mailing Address 1001 Okeechobee Boulevard		Amount of Each Disbursement this Period 308.30
City West Palm Beach State FL Zip Code 33401-6214	Purpose of Disbursement Administrative/Salary/Overhead: Lodging	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(05/02/06)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	210.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Mission Control, Inc.</b>		<b>Transaction ID: B-E-5027</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 201 Adams Street		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Manchester State CT Zip Code 06042-1985	Purpose of Disbursement Direct Mail Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		<b>Transaction ID: B-S-17</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 4940 S Tamiami Trail		Amount of Each Disbursement this Period 57.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34231-4354	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of Gee Dee Kerr(05/01/06)

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		<b>Transaction ID: B-S-20</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 4940 S Tamiami Trail		Amount of Each Disbursement this Period 30.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sarasota State FL Zip Code 34231-4354	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of Samuel Hewitt(05/04/06)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 140

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Office Max</b>		<b>Transaction ID: B-S-28</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 8.33
City Itasca State IL Zip Code 60143-1290	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> Subitemization of Gee Dee Kerr(04/03/06)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		<b>Transaction ID: B-S-4</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 563.71
City Itasca State IL Zip Code 60143-1290	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> Subitemization of Sean Be-trram(04/07/06)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		<b>Transaction ID: B-S-23</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 120.35
City Itasca State IL Zip Code 60143-1290	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> Subitemization of Gee Dee Kerr(04/10/06)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Office Max</b>		<b>Transaction ID: B-S-7</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 165.72	
City Itasca State IL Zip Code 60143-1290	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> Subitemization of Samuel Hewitt(04/10/06)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		<b>Transaction ID: B-S-38</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 156.28	
City Itasca State IL Zip Code 60143-1290	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> Subitemization of Jennifer Dziekan(04/14/06)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		<b>Transaction ID: B-S-14</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 97.88	
City Itasca State IL Zip Code 60143-1290	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> Subitemization of Gee Dee Kerr(05/01/06)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Office Max</b>		<b>Transaction ID: B-S-22</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 23.05
City Itasca State IL Zip Code 60143-1290	Purpose of Disbursement Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Samuel Hewitt(05/16/06)

Full Name (Last, First, Middle Initial) <b>B. Office Max</b>		<b>Transaction ID: B-S-1</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 705.12
City Itasca State IL Zip Code 60143-1290	Purpose of Disbursement Administrative/Salary/Overhead: Copies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Jennifer Dziekan(06/16/06)

Full Name (Last, First, Middle Initial) <b>C. Office Max</b>		<b>Transaction ID: B-S-3</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 150 E Pierce Road		Amount of Each Disbursement this Period 200.59
City Itasca State IL Zip Code 60143-1290	Purpose of Disbursement Administrative/Salary/Overhead: Copies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Jennifer Dziekan(06/22/06)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Political C.F.O's</b>		<b>Transaction ID: B-E-5006</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 6715 Williams Drive		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22307-1669	Purpose of Disbursement Compliance Consulting Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ray Anthony Printer</b>		<b>Transaction ID: B-E-4963</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 413 W Waters Avenue		Amount of Each Disbursement this Period 128.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33604-2940	Purpose of Disbursement Business Card Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ray Anthony Printer</b>		<b>Transaction ID: B-E-4968</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 413 W Waters Avenue		Amount of Each Disbursement this Period 42.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tampa State FL Zip Code 33604-2940	Purpose of Disbursement Business Card Printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2671.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Ray Anthony Printer</b>		<b>Transaction ID: B-E-4969</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 413 W Waters Avenue		Amount of Each Disbursement this Period 2708.17
City Tampa State FL Zip Code 33604-2940	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Letterhead/Envelope Printing Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sarasota Commercial Management</b>		<b>Transaction ID: B-E-4957</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 1931 Golf Street		Amount of Each Disbursement this Period 1492.65
City Sarasota State FL Zip Code 34236-6907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sarasota Commercial Management</b>		<b>Transaction ID: B-E-5001</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1931 Golf Street		Amount of Each Disbursement this Period 1492.65
City Sarasota State FL Zip Code 34236-6907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5693.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

<b>A. Sarasota Commerical Management</b> Full Name (Last, First, Middle Initial) Mailing Address 1931 Golf Street City Sarasota State FL Zip Code 34236-6907 Purpose of Disbursement Adminstrative/Salary/Overhead: Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-4982</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 1492.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Sarasota Tiger Bay Club</b> Full Name (Last, First, Middle Initial) Mailing Address 3720 Allenwood Street City Sarasota State FL Zip Code 34232-1204 Purpose of Disbursement Ticket Purchase Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-4995</b> 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 78.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Signs Now</b> Full Name (Last, First, Middle Initial) Mailing Address 652 S Washington Boulevard City Sarasota State FL Zip Code 34236-7108 Purpose of Disbursement Office Signage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-4976</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 122.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1693.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

<b>A. Signs Now</b> Full Name (Last, First, Middle Initial) Mailing Address 652 S Washington Boulevard City Sarasota State FL Zip Code 34236-7108 Purpose of Disbursement Office Signage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-4989</b> Date of Disbursement 05 / 16 / 2006 Amount of Each Disbursement this Period 250.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Signs Now</b> Full Name (Last, First, Middle Initial) Mailing Address 652 S Washington Boulevard City Sarasota State FL Zip Code 34236-7108 Purpose of Disbursement Office Signage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-4996</b> Date of Disbursement 06 / 01 / 2006 Amount of Each Disbursement this Period 122.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Sir Speedy</b> Full Name (Last, First, Middle Initial) Mailing Address 3939 S Tamiami Trail City Sarasota State FL Zip Code 34231-3605 Purpose of Disbursement Office Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-S-6</b> Date of Disbursement 04 / 07 / 2006 Amount of Each Disbursement this Period 2770.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Sean Bertram(04/07/06)
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	372.63
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. The Maccabee Group</b>		<b>Transaction ID: B-E-4958</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 3509 Connecticut Avenue NW Suite 805		Amount of Each Disbursement this Period 6000.00
City Washington State DC Zip Code 20008-2400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Research Consulting Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Marriott Wardman</b>		<b>Transaction ID: B-S-42</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 2660 Woodley Road NW		Amount of Each Disbursement this Period 239.31
City Washington State DC Zip Code 20008-4106	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Adminstrative/Salary/Overhead: Lodging Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of American Express(05/02/06)

Full Name (Last, First, Middle Initial) <b>C. The Marriott Wardman</b>		<b>Transaction ID: B-S-43</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 2660 Woodley Road NW		Amount of Each Disbursement this Period 507.92
City Washington State DC Zip Code 20008-4106	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Adminstrative/Salary/Overhead: Lodging Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of American Express(05/02/06)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

<b>A. The Marriott Wardman</b> Full Name (Last, First, Middle Initial) Mailing Address 2660 Woodley Road NW City Washington State DC Zip Code 20008-4106 Purpose of Disbursement Administrative/Salary/Overhead: Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-S-44</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 542.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of American Express(05/02/06)
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<b>B. US Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 1661 Ringling Boulevard City Sarasota State FL Zip Code 34230-6875 Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-S-27</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 71.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Gee Dee Kerr(04/03/06)
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<b>C. US Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 1661 Ringling Boulevard City Sarasota State FL Zip Code 34230-6875 Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-S-5</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 976.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Sean Bertram(04/07/06)
---	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

<b>A. US Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 1661 Ringling Boulevard City Sarasota State FL Zip Code 34230-6875 Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-S-12</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 Amount of Each Disbursement this Period 18.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Samuel Hewitt(04/10/06)
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<b>B. US Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 1661 Ringling Boulevard City Sarasota State FL Zip Code 34230-6875 Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-4983</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. US Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 1661 Ringling Boulevard City Sarasota State FL Zip Code 34230-6875 Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-S-16</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 38.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Gee Dee Kerr(05/01/06)
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	39.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Transaction ID: B-S-21 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 1661 Ringling Boulevard		Amount of Each Disbursement this Period 78.00
City Sarasota State FL Zip Code 34230-6875	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Samuel Hewitt(05/16/06)

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Transaction ID: B-S-32 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 1661 Ringling Boulevard		Amount of Each Disbursement this Period 78.13
City Sarasota State FL Zip Code 34230-6875	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Gee Dee Kerr(05/16/06)

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		Transaction ID: B-E-4993 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 1661 Ringling Boulevard		Amount of Each Disbursement this Period 195.00
City Sarasota State FL Zip Code 34230-6875	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	195.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		<b>Transaction ID: B-S-2</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	
Mailing Address 1661 Ringling Boulevard		Amount of Each Disbursement this Period 432.00	
City Sarasota State FL Zip Code 34230-6875	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of Jennifer Dziekan(06/22/06)	

Full Name (Last, First, Middle Initial) <b>B. Verizon Florida, Inc</b>		<b>Transaction ID: B-E-4960</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 271.76	
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephones Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Verizon Florida, Inc</b>		<b>Transaction ID: B-E-4962</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 23.51	
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephones Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	295.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Florida, Inc</b>		<b>Transaction ID: B-E-5028</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 28.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephones Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Florida, Inc</b>		<b>Transaction ID: B-E-5030</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 285.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephones Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Florida, Inc</b>		<b>Transaction ID: B-E-4985</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 186.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephones Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>500.43</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon Florida, Inc</b>		<b>Transaction ID: B-E-4987</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 1613.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephones Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Florida, Inc</b>		<b>Transaction ID: B-E-4999</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 23.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephones Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Florida, Inc</b>		<b>Transaction ID: B-E-5004</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address PO Box 920041		Amount of Each Disbursement this Period 765.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephones Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2403.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. White Apron Catering</b>		<b>Transaction ID: B-E-4966</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 1253 Old Okeechobe Rd		Amount of Each Disbursement this Period 199.31
City W Palm Beach State FL Zip Code 33401-3401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising: Food and Beverage Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. White Apron Catering</b>		<b>Transaction ID: B-E-5033</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 1253 Old Okeechobe Rd		Amount of Each Disbursement this Period 1734.20
City W Palm Beach State FL Zip Code 33401-3401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising: Food and Beverage Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. White Sand Works</b>		<b>Transaction ID: B-E-5003</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 6
Mailing Address PO Box 18608		Amount of Each Disbursement this Period 2250.00
City Tampa State FL Zip Code 33679-8608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Design and Consulting Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4183.51</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Angela Barranco</b>		<b>Transaction ID: B-E-5045</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 1085 Warburton Avenue Apt. 415		Amount of Each Disbursement this Period 1884.45
City Yonkers State NY Zip Code 10701-1015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Angela Barranco</b>		<b>Transaction ID: B-E-5053</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1085 Warburton Avenue Apt. 415		Amount of Each Disbursement this Period 1884.75
City Yonkers State NY Zip Code 10701-1015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sean E Bertram</b>		<b>Transaction ID: B-E-5019</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 2053 Quartz Cliff Street Unit 202		Amount of Each Disbursement this Period 2748.13
City Las Vegas State NV Zip Code 89117-6007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6517.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 140

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Sean E Bertram</b>		<b>Transaction ID: B-E-5020</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 2053 Quartz Cliff Street Unit 202		Amount of Each Disbursement this Period 2748.13
City Las Vegas State NV Zip Code 89117-6007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Payroll		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sean E Bertram</b>		<b>Transaction ID: B-E-4970</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 2053 Quartz Cliff Street Unit 202		Amount of Each Disbursement this Period 4310.66
City Las Vegas State NV Zip Code 89117-6007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursed Expenses		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sean E Bertram</b>		<b>Transaction ID: B-E-5025</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 2053 Quartz Cliff Street Unit 202		Amount of Each Disbursement this Period 150.92
City Las Vegas State NV Zip Code 89117-6007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursed Expenses		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7209.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

<b>A. James Byrd</b> Full Name (Last, First, Middle Initial) Mailing Address 2244 Rockwood Meadow Terrace City Sarasota State FL Zip Code 34234-4234 Purpose of Disbursement Office Moving Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-5069</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 604.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

<b>B. Ms. Jennifer E Dziekan</b> Full Name (Last, First, Middle Initial) Mailing Address 648 N Dahlia Place City Canby State OR Zip Code 97013-3335 Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-5017</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 2052.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

<b>C. Ms. Jennifer E Dziekan</b> Full Name (Last, First, Middle Initial) Mailing Address 648 N Dahlia Place City Canby State OR Zip Code 97013-3335 Purpose of Disbursement Reimbursed Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: B-E-5034</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 246.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2903.53</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Jennifer E Dziekan</b>		<b>Transaction ID: B-E-5022</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6
Mailing Address 648 N Dahlia Place		Amount of Each Disbursement this Period 2052.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Canby State OR Zip Code 97013-3335	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ms. Jennifer E Dziekan</b>		<b>Transaction ID: B-E-5042</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 648 N Dahlia Place		Amount of Each Disbursement this Period 2052.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Canby State OR Zip Code 97013-3335	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ms. Jennifer E Dziekan</b>		<b>Transaction ID: B-E-5047</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 648 N Dahlia Place		Amount of Each Disbursement this Period 2052.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Canby State OR Zip Code 97013-3335	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6157.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Jennifer E Dziekan</b>		<b>Transaction ID: B-E-5055</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 648 N Dahlia Place		Amount of Each Disbursement this Period 2052.62
City Canby State OR Zip Code 97013-3335	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Payroll		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Jennifer E Dziekan</b>		<b>Transaction ID: B-E-5005</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 648 N Dahlia Place		Amount of Each Disbursement this Period 705.12
City Canby State OR Zip Code 97013-3335	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Copies Reimbursement		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms. Jennifer E Dziekan</b>		<b>Transaction ID: B-E-5007</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 648 N Dahlia Place		Amount of Each Disbursement this Period 632.59
City Canby State OR Zip Code 97013-3335	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Supplies Reimbursement		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3390.33</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Mr. Samuel J Hewitt</b>		<b>Transaction ID: B-E-5018</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 1019.38	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Samuel J Hewitt</b>		<b>Transaction ID: B-E-5026</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 356.02	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Reimbursed Expenses Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Samuel J Hewitt</b>		<b>Transaction ID: B-E-5023</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 1019.37	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2394.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Mr. Samuel J Hewitt</b>		<b>Transaction ID: B-E-4978</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 10.00	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Parking Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Samuel J Hewitt</b>		<b>Transaction ID: B-E-5043</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 1019.38	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Administrative/Salary/Overhead: Payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Samuel J Hewitt</b>		<b>Transaction ID: B-E-5049</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 30.65	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Reimbursed Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1060.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Mr. Samuel J Hewitt</b>		<b>Transaction ID: B-E-5048</b> Date of Disbursement 05 / 16 / 2006	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 1019.37	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Samuel J Hewitt</b>		<b>Transaction ID: B-E-5052</b> Date of Disbursement 05 / 16 / 2006	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 101.05	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Reimbursed Expenses Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Samuel J Hewitt</b>		<b>Transaction ID: B-E-4994</b> Date of Disbursement 05 / 23 / 2006	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 54.01	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Reimbursed Expenses Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1174.43
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 140

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Mr. Samuel J Hewitt</b>		<b>Transaction ID: B-E-5002</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 240.00	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Postage Reimbursement Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Samuel J Hewitt</b>		<b>Transaction ID: B-E-5056</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 5618 SE Riverboat Drive		Amount of Each Disbursement this Period 1019.38	
City Stuart State FL Zip Code 34997-1606	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs Gee Dee Kerr</b>		<b>Transaction ID: B-E-5016</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 1453.17	
City Sarasota State FL Zip Code 34233-4121	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	001 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2712.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Mrs Gee Dee Kerr</b>		<b>Transaction ID: B-E-4956</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 191.57
City Sarasota State FL Zip Code 34233-4121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Expense Reimbursement Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mrs Gee Dee Kerr</b>		<b>Transaction ID: B-E-5024</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 120.00
City Sarasota State FL Zip Code 34233-4121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mrs Gee Dee Kerr</b>		<b>Transaction ID: B-E-5029</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 120.35
City Sarasota State FL Zip Code 34233-4121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursed Expenses Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

431.92

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Mrs Gee Dee Kerr</b>		<b>Transaction ID: B-E-5021</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 1453.17
City Sarasota State FL Zip Code 34233-4121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Payroll	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mrs Gee Dee Kerr</b>		<b>Transaction ID: B-E-4981</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 271.43
City Sarasota State FL Zip Code 34233-4121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursed Expenses	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mrs Gee Dee Kerr</b>		<b>Transaction ID: B-E-5041</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 1453.17
City Sarasota State FL Zip Code 34233-4121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Payroll	Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3177.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Mrs Gee Dee Kerr</b>		<b>Transaction ID: B-E-4990</b> Date of Disbursement 05 / 16 / 2006
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 43.98
City Sarasota State FL Zip Code 34233-4121	Purpose of Disbursement Reimbursed Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Mrs Gee Dee Kerr</b>		<b>Transaction ID: B-E-4992</b> Date of Disbursement 05 / 16 / 2006
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 78.13
City Sarasota State FL Zip Code 34233-4121	Purpose of Disbursement Postage Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Mrs Gee Dee Kerr</b>		<b>Transaction ID: B-E-5046</b> Date of Disbursement 05 / 16 / 2006
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 1453.16
City Sarasota State FL Zip Code 34233-4121	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1575.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Mrs Gee Dee Kerr</b>		<b>Transaction ID: B-E-5054</b> Date of Disbursement 06 / 01 / 2006
Mailing Address 5524 Beneva Woods Circle		Amount of Each Disbursement this Period 1453.18
City Sarasota State FL Zip Code 34233-4121	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Mr. Fred A McCormack</b>		<b>Transaction ID: B-E-5044</b> Date of Disbursement 05 / 11 / 2006
Mailing Address 6075 Miller Landing Cove		Amount of Each Disbursement this Period 604.00
City Tallahassee State FL Zip Code 32312-9072	Purpose of Disbursement Administrative/Salary/Overhead: Payroll Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Irene Yardley</b>		<b>Transaction ID: B-E-4953</b> Date of Disbursement 04 / 03 / 2006
Mailing Address 4284 Luawana Drive		Amount of Each Disbursement this Period 387.50
City Sarasota State FL Zip Code 34241-5823	Purpose of Disbursement Art Design Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2444.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Irene Yardley</b>		Transaction ID: B-E-5066 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 4284 Luawana Drive		Amount of Each Disbursement this Period 337.50	
City Sarasota State FL Zip Code 34241-5823	Purpose of Disbursement Art Design Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>337.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>92691.27</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

Full Name (Last, First, Middle Initial) <b>A. Ms. Ina Schnell</b>		Transaction ID: B-E-5035 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address PO Box 9810		Amount of Each Disbursement this Period 100.00	
City Longboat Key	State FL	Zip Code 34228-9810	010 Category/ Type
Purpose of Disbursement Contribution Refund: Contribution refund			
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>100.00</b>

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 139 / 140
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Christine Jennings For Congress

**Transaction ID: SC/10-L4**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ms.(Personal Funds) Christine L. Jennings	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 988 Boulevard Of The Arts Apt. 510	
City Sarasota State FL ZIP Code 34236-4835	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred M M 09 D D 30 Y Y Y Y 2005	Date Due None	Interest Rate 0.000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	10000.00
<b>TOTALS</b> This Period (last page in this line only) .....	10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 26950464743

Form/Schedule: **F3A**  
Transaction ID:

This amendment is in response to the Commission's letter dated August 10, 2006. The excess contribution from Michael Shelton has been refunded and will be reported on the Committee's October Quarterly 2006 report.

\*\*\*\*\*