

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
Barbara Lee for Congress

ADDRESS (number and street) 1736 Franklin Street #500
 Check if different than previously reported. (ACC)
Oakland CA 94612

2. **FEC IDENTIFICATION NUMBER** C00331769
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**
CA 09

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 07 2006 in the State of CA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

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

Signature of Treasurer Electronically Filed by H. Lee Halterman Date 10 26 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Barbara Lee for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	24040.00	896306.05
(b) Total Contribution Refunds (from Line 20(d)).....	50.00	9360.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23990.00	886946.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	35666.46	749422.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	13275.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	35666.46	736146.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	72788.27	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4197.92	

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

Write or Type Committee Name
Barbara Lee for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

15045.00

291154.57

(ii) Unitemized.....

4745.00

4745.00

(iii) TOTAL of contributions

19790.00

700178.46

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

4250.00

196127.59

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)

24040.00

896306.05

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

13275.68

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

0.00

50.62

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

24040.00

909632.35

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35666.46	749422.06
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.....	50.00	8360.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	50.00	9360.00
21. OTHER DISBURSEMENTS.....	59000.00	262905.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	94716.46	1021687.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	143464.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	24040.00
25. SUBTOTAL (add Line 23 and Line 24).....	167504.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	94716.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	72788.27

**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 / 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial)
Mr. James R Baird

Mailing Address 20 La Casita Lane

City State Zip Code
Walnut Creek CA 94595

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

Name of Employer Occupation
Bay Area Development Comp- Small Business Lender
any

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
1 0 / 1 2 / 2 0 0 6

Transaction ID: 11ai19215

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 98 Raymond Street

City State Zip Code
Cambridge MA 02140

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

Name of Employer Occupation
Self Writer

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
1 0 / 1 4 / 2 0 0 6

Transaction ID: 11ai19249

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mari B Barrera

Mailing Address 24 Church Street

City State Zip Code
Natick MA 01760

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

Name of Employer Occupation
Hunt Alternatives Fund Deputy Director

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
1 0 / 1 4 / 2 0 0 6

Transaction ID: 11ai19235

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	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 6 / 49
	<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)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial)
D. Wayne Berman

Mailing Address 751 Taft Avenue

City Albany State CA Zip Code 94706-1026

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

Name of Employer Self Occupation 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 Y
1 0 / 1 8 / 2 0 0 6

Transaction ID: 11ai19270

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Magaret A Burnham

Mailing Address 255 Clinton Road

City Brookline State MA Zip Code 02445

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

Name of Employer Burnham & Hines Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

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

Transaction ID: 11ai19242

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Joan H Cole

Mailing Address 20 Treasure Hill

City Oakland State CA Zip Code 94618

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

Name of Employer Dr. Joan Cole Occupation Psychologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

575.00

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

Transaction ID: 11ai19265

Amount of Each Receipt this Period
100.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 49
	<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)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial) Elizabeth L Colton		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 6	
Mailing Address 1848 Pine Street		Transaction ID: 11ai19189	
City State Zip Code San Francisco CA 94109		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation International Museum of Women President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Ms. Donna Conroy		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 6	
Mailing Address 270 Estates Drive		Transaction ID: 11ai19179	
City State Zip Code Piedmont CA 94611		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Real Estate Sales			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Henry Cotten		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6	
Mailing Address 319 20th Street		Transaction ID: 11ai19186	
City State Zip Code Oakland CA 94612		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Allstate Insurance Company Owner			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 49
	<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)
Barbara Lee for Congress

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

Mailing Address 1437 Hillcrest Road

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Self Occupation
Self Filmmaker/Activist

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
1 0 / 0 1 / 2 0 0 6

Transaction ID: 11ai19211

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 85 East India Row #24F

City State Zip Code
Boston MA 02110

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

Name of Employer Self Occupation
Self Consultant

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
1 0 / 1 4 / 2 0 0 6

Transaction ID: 11ai19246

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 85 Hillside Avenue

City State Zip Code
Newton MA 02465

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

Name of Employer Fassino Design Occupation
Fassino Design President

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
1 0 / 1 5 / 2 0 0 6

Transaction ID: 11ai19250

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 49
	<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)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Ernest Frank

Mailing Address 34 Morningside Road

City State Zip Code
Colonia NJ 07067

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

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

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

Transaction ID: 11ai19258

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Phyllis J. Gaines

Mailing Address 2935 Magnolia Street

City State Zip Code
Berkeley CA 94705

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
1 0 / 1 0 / 2 0 0 6

Transaction ID: 11ai19266

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Maria D Guerrero

Mailing Address 563 Lewis Ave.

City State Zip Code
San Leandro CA 94577-2131

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

Name of Employer D W Morgan Company Occupation Controller

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
360.00

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

Transaction ID: 11ai19213

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional)	▶	160.00
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 / 49
	<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)
Barbara Lee for Congress

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

Mailing Address 2225 Ward St.

City State Zip Code
Berkeley CA 94705-1027

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

Name of Employer Occupation
CA 14th District Assembly Woman

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
1 0 / 0 6 / 2 0 0 6

Transaction ID: 11ai19165

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 4082 Sequoyah Road

City State Zip Code
Oakland CA 94605

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

Name of Employer Occupation
Self employed Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1125.00

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

Transaction ID: 11ai19182

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Philip D Harvey

Mailing Address 2400 Outrider Trace

City State Zip Code
Chapel Hill NC 27516

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

Name of Employer Occupation
Philip Harvey Enterprises Business Executive

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
1 0 / 0 5 / 2 0 0 6

Transaction ID: 11ai19214

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 49
	<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)
Barbara Lee for Congress

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

Mailing Address 45 Autumn Street

City State Zip Code
Weston MA 02493

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

Name of Employer Occupation
Stride Rite Foundation President

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

1000.00

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

Transaction ID: 11ai19253

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 81 Washintgon Avenue

City State Zip Code
Cambridge MA 02140

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

Name of Employer Occupation
Isaacson, Miller Executive

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

1000.00

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

Transaction ID: 11ai19248

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Wardell D Jackson

Mailing Address 4245 Roderick Road

City State Zip Code
Oakland CA 94605

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

Name of Employer Occupation
Self employed Residential Care

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

250.00

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

Transaction ID: 11ai19172

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 / 49
	<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)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial)
Deborah Klein Walker

Mailing Address 237 Brattle Street

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
ABT Associates Principal Associate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 11ai19240

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 67-40 Yellowstone Blvd. 3-R

City State Zip Code
Forest Hills NY 11375-2624

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 ▼

740.00

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

Transaction ID: 11ai19128

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 5765 Balmoral Dr.

City State Zip Code
Oakland CA 94619

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

Name of Employer Occupation
M.A. Lindquist Construction Co. Inc. 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 Y
1 0 / 0 1 / 2 0 0 6

Transaction ID: 11ai19185

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	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 13 / 49
	<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)
Barbara Lee for Congress

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

Mailing Address 2223 McGee Avenue

City State Zip Code
Berkeley CA 94703

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

Name of Employer UC Berkeley Health Center Occupation Executive Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: 11ai19161

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Ms. M. Brinton Lykes

Mailing Address 10 John A. Andrew Street

City State Zip Code
Jamaica Plain MA 02130-2823

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

Name of Employer Boston College Occupation Professor

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
1 0 / 0 8 / 2 0 0 6

Transaction ID: 11ai19163

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John F Maher

Mailing Address 8 Dunstable Road

City State Zip Code
Cambridge MA 02138

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 ▼ 2300.00

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

Transaction ID: 11ai19255

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	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:	PAGE 14 / 49
	(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)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial)
Mr. John F Maher

Mailing Address 8 Dunstable Road

City State Zip Code
Cambridge MA 02138

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) ▼ 2300.00

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

Transaction ID: 11ai19303

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 2908 Morgan Avenue

City State Zip Code
Oakland CA 94602

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

Name of Employer Occupation
MITRE Corporation Contractor

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
1 0 / 0 6 / 2 0 0 6

Transaction ID: 11ai19212

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Muriel E Nelson

Mailing Address 401 Santa Clara Av.

City State Zip Code
Oakland CA 94610

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) ▼ 285.00

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

Transaction ID: 11ai19279

Amount of Each Receipt this Period
35.00

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

SUBTOTAL of Receipts This Page (optional)	2085.00
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 / 49
	<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)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Pamela Y Price-Crawley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 380 Elysian Fields Drive		Transaction ID: 11ai19188
City State Zip Code Oakland CA 94605	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Price and Associates	Occupation Attorney	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Donald E Rasmussen		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1440 Walnut Street		Transaction ID: 11ai19264
City State Zip Code Berkeley CA 94709	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Writer	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Betty S. Rhodes Latner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 114 Evans Rd.		Transaction ID: 11ai19162
City State Zip Code Brighton MA 02135	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 49
	<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)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial)
Deborah L Ritchey

Mailing Address 1221 King Drive

City State Zip Code
El Cerrito CA 94530

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

Name of Employer Ritchey Real Estate Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 580.00

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

Transaction ID: 11ai19177

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Joel R Sayre

Mailing Address 3806 Magee Avenue

City State Zip Code
Oakland CA 94619

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

Name of Employer CirclePoint Occupation P.I.O.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: 11ai19268

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Shonda Y Scott

Mailing Address 4925 Scotia Avenue

City State Zip Code
Oakland CA 94608

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

Name of Employer Total Concept Occupation Consultant/principal

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 210.00

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

Transaction ID: 11ai19175

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 49
	<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)
Barbara Lee for Congress

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

Mailing Address 6589 Bellhurst Lane

City State Zip Code
Castro Valley CA 94552-1654

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

Name of Employer Occupation
Furtado, Jaspovice & Simons Attorney

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
1 0 / 0 1 / 2 0 0 6

Transaction ID: 11ai19169

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Derek H Smith

Mailing Address 3637 Rhoda Ave.

City State Zip Code
Oakland CA 94602

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

Name of Employer Occupation
Marinship Construction Contractor

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

700.00

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

Transaction ID: 11ai19183

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Rosa A Smith

Mailing Address 60 Hope Avenue Suite 621N

City State Zip Code
Waltham MA 02453

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

Name of Employer Occupation
Schott Foundation President

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
1 0 / 1 4 / 2 0 0 6

Transaction ID: 11ai19243

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 49
	<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)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Laurie Taymor-Berry		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 164 Pleasant Street		Transaction ID: 11ai19254
City State Zip Code Cambridge MA 02139	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Requested Occupation Requested	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Heather Thomas		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 1433 San Vicente Blvd		Transaction ID: 11ai19190
City State Zip Code Santa Monica CA 94042	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Writer	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elijah J White		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 239 Mandalay Road		Transaction ID: 11ai19187
City State Zip Code Oakland CA 94618	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Gift Express Occupation Owner	Election Cycle-to-Date ▼ 400.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 49
	(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)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial)
Martella Wilson-Taylor

Mailing Address 1875 Commonwealth Av#4

City State Zip Code
Brighton MA 02135

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

Name of Employer Occupation
YWCA President/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 11ai19239

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Alice Wolf

Mailing Address 48 Huron Avenue

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
MA Legislator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: 11ai19229

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	15045.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 49
	(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)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. American Medical Association Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1101 Vermont Avenue, N.W.		Transaction ID: 11c19166
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00000422	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. BUILD Political Action Committee of the National Association of Home Builders		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1201 15th Street NW		Transaction ID: 11c19168
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. C C00000901	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. The NEA Fund for Children & Public Education		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1201 16th Street, N.W., Suite 421		Transaction ID: 11c19167
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00003251	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<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 ▼ 4000.00	

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:	PAGE 21 / 49
	(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)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial)
WAND-PAC

Mailing Address 691 Mass Ave.

City State Zip Code
Arlington MA 02174

FEC ID number of contributing federal political committee. **C** C00170316

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2006

Transaction ID: 11c19230

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	4250.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A. Alhambra Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 660579 City Dallas State TX Zip Code 75266-0579 Purpose of Disbursement Water for Office Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179109 Date of Disbursement 10 / 02 / 2006 Amount of Each Disbursement this Period 12.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

B. AT&T Full Name (Last, First, Middle Initial) Mailing Address PO Box 78522 City Phoenix State AZ Zip Code 85062-8522 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179592 Date of Disbursement 10 / 02 / 2006 Amount of Each Disbursement this Period 175.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. AT&T Full Name (Last, First, Middle Initial) Mailing Address PO Box 78522 City Phoenix State AZ Zip Code 85062-8522 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179591 Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 263.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	452.03
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)
Barbara Lee for Congress

A. AT&T Full Name (Last, First, Middle Initial) Mailing Address PO Box 78522 City Phoenix State AZ Zip Code 85062-8522 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179108 Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 56.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Blue Shield of California Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 51827 City Los Angeles State CA Zip Code 90051-6127 Purpose of Disbursement Employee Benefits Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179110 Date of Disbursement 10 / 02 / 2006 Amount of Each Disbursement this Period 87.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Cingular Wireless Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 60017 City Los Angeles State CA Zip Code 90060-0017 Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179231 Date of Disbursement 10 / 05 / 2006 Amount of Each Disbursement this Period 196.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	340.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Citicorp Vendor Finance		Transaction ID: B179233 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 7247-0322		Amount of Each Disbursement this Period 147.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement copy lease Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Complete Campaigns.Com		Transaction ID: B179602 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 610 Gateway Center Way, Suite K		Amount of Each Disbursement this Period 5.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Diego State CA Zip Code 92102	Purpose of Disbursement Credit card fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Crescent Investigation, Inc.		Transaction ID: B179232 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 6
Mailing Address 2915 Rawson Street		Amount of Each Disbursement this Period 378.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oakland State CA Zip Code 94619	Purpose of Disbursement Security Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	530.63
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)
Barbara Lee for Congress

A. Chloe Drew Full Name (Last, First, Middle Initial) Mailing Address 96 Sanchez City San Francisco State CA Zip Code 94114 Purpose of Disbursement Reimburse Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179598 Date of Disbursement 10 / 10 / 2006 Amount of Each Disbursement this Period 49.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Chloe Drew Full Name (Last, First, Middle Initial) Mailing Address 96 Sanchez City San Francisco State CA Zip Code 94114 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179470 Date of Disbursement 10 / 02 / 2006 Amount of Each Disbursement this Period 1874.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Chloe Drew Full Name (Last, First, Middle Initial) Mailing Address 96 Sanchez City San Francisco State CA Zip Code 94114 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179251 Date of Disbursement 10 / 13 / 2006 Amount of Each Disbursement this Period 1874.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3798.69
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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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)
Barbara Lee for Congress

A. Chloe Drew Full Name (Last, First, Middle Initial) Mailing Address 96 Sanchez City San Francisco State CA Zip Code 94114 Purpose of Disbursement reimburse Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179112 Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. EarthLink, Inc. Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 530530 City Atlanta State GA Zip Code 30353-0530 Purpose of Disbursement internet service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179594 Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 53.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. East Bay Conservation Corps Full Name (Last, First, Middle Initial) Mailing Address 1021 Third Street City Oakland State CA Zip Code 94607 Purpose of Disbursement recycling Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179597 Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	243.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Employment Development Dept.		Transaction ID: B179472 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 826276		Amount of Each Disbursement this Period 291.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 94230-6276	Purpose of Disbursement Employment Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Laurel Fedor		Transaction ID: B179469 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 845 W Willow Street		Amount of Each Disbursement this Period 510.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stockton State CA Zip Code 95203	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Laurel Fedor		Transaction ID: B179113 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 845 W Willow Street		Amount of Each Disbursement this Period 418.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stockton State CA Zip Code 95203	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1220.28
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Jewish News Weekly of Northern California		Transaction ID: B179593 Date of Disbursement 10 / 16 / 2006
Mailing Address 225 Bush St., #1480		Amount of Each Disbursement this Period 492.00
City San Francisco State CA Zip Code 94104-4281	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement advertising Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. M W Events		Transaction ID: B179250 Date of Disbursement 10 / 09 / 2006
Mailing Address 10 Agnes Street		Amount of Each Disbursement this Period 107.21
City Oakland State CA Zip Code 94618	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering for meeting Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. M W Events		Transaction ID: B179249 Date of Disbursement 10 / 09 / 2006
Mailing Address 10 Agnes Street		Amount of Each Disbursement this Period 1379.60
City Oakland State CA Zip Code 94618	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering for event Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1978.81
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)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Marstel-Day, LLC		Transaction ID: B179234 Date of Disbursement 10 / 05 / 2006
Mailing Address 1736 Franklin Street, Suite 500		Amount of Each Disbursement this Period 2500.00
City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Patrick J. Kozlowski Accountancy Corp.		Transaction ID: B179590 Date of Disbursement 10 / 16 / 2006
Mailing Address 1127 11th Street, Suite 225		Amount of Each Disbursement this Period 5220.20
City Sacramento State CA Zip Code 95814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting & Financial Service Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Seulbergers Flowers		Transaction ID: B179115 Date of Disbursement 10 / 02 / 2006
Mailing Address 523 - 41st Street		Amount of Each Disbursement this Period 51.60
City Oakland State CA Zip Code 94609	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Florist Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7771.80
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Sprint		Transaction ID: B179117 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address P O Box 79357		Amount of Each Disbursement this Period 45.86
City State Zip Code City of Industry CA 91716-9357	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sprint		Transaction ID: B179116 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address P O Box 79357		Amount of Each Disbursement this Period 153.68
City State Zip Code City of Industry CA 91716-9357	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement telephone Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Super Print, Inc.		Transaction ID: B179596 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 1742 Franklin Stret		Amount of Each Disbursement this Period 232.73
City State Zip Code Oakland CA 94612-3408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Invitations Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	432.27
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)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Super Print, Inc.		Transaction ID: B179595 Date of Disbursement 10 / 16 / 2006
Mailing Address 1742 Franklin Stret		Amount of Each Disbursement this Period 52.20
City Oakland State CA Zip Code 94612-3408	Purpose of Disbursement copies Candidate Name Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. The California Building		Transaction ID: B179111 Date of Disbursement 10 / 02 / 2006
Mailing Address 1736 Franklin Street, Suite 300		Amount of Each Disbursement this Period 900.00
City Oakland State CA Zip Code 94612	Purpose of Disbursement Rent Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. The Frost Group		Transaction ID: B179118 Date of Disbursement 10 / 02 / 2006
Mailing Address 2737 Devonshire Place, NW #325		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20008	Purpose of Disbursement Fundraising Consultant Candidate Name Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2952.20
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)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. U.S. Bancorp (BL)		Transaction ID: B179228 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 3879.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Credit Card Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. U.S. Bancorp (CD)		Transaction ID: B179438 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 9916.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Credit Card Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. U.S. Bank		Transaction ID: B179650 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 980 - 9th Street		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95814	Purpose of Disbursement cc fee (over limit) Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

[MEMO ITEM]
Subvendor

SUBTOTAL of Disbursements This Page (optional) ►

13796.46

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)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Transaction ID: B179664 Date of Disbursement 10 / 11 / 2006
Mailing Address 1675 7th Street Room 154W		Amount of Each Disbursement this Period 407.88
City Oakland State CA Zip Code 94615-9651	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement postage Candidate Name	Category/Type 001	[MEMO ITEM] Subvendor
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United Airlines		Transaction ID: B179663 Date of Disbursement 10 / 10 / 2006
Mailing Address 1200 E Algonquin Road		Amount of Each Disbursement this Period 787.60
City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel Candidate Name	Category/Type 002	[MEMO ITEM] Subvendor
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Marriott Hotels - City Center		Transaction ID: B179661 Date of Disbursement 10 / 10 / 2006
Mailing Address 1001 Broadway		Amount of Each Disbursement this Period 463.98
City Oakland State CA Zip Code 94607	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event Candidate Name	Category/Type 003	[MEMO ITEM] Subvendor
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Aroma Cafe		Transaction ID: B179653 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 1900 Franklin St.		Amount of Each Disbursement this Period 141.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oakland State CA Zip Code 94612	<input type="checkbox"/> [MEMO ITEM] Subvendor	
Purpose of Disbursement office Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Aroma Cafe		Transaction ID: B179652 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 6
Mailing Address 1900 Franklin St.		Amount of Each Disbursement this Period 101.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oakland State CA Zip Code 94612	<input type="checkbox"/> [MEMO ITEM] Subvendor	
Purpose of Disbursement office Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Charles Hotel		Transaction ID: B179678 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6
Mailing Address 1 Bennett Street		Amount of Each Disbursement this Period 1027.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cambridge State MA Zip Code 02138	<input type="checkbox"/> [MEMO ITEM] Subvendor	
Purpose of Disbursement fundraising event Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A. JetBlue Full Name (Last, First, Middle Initial) Mailing Address PO Box 17435 City Salt Lake City State UT Zip Code 84117 Purpose of Disbursement travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179654 Date of Disbursement 10 / 01 / 2006 Amount of Each Disbursement this Period 518.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subvendor
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B. The UPS Store Full Name (Last, First, Middle Initial) Mailing Address 1714 Franklin Street, Suite 100 City Oakland State CA Zip Code 94612 Purpose of Disbursement delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179676 Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 14.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subvendor
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C. The UPS Store Full Name (Last, First, Middle Initial) Mailing Address 1714 Franklin Street, Suite 100 City Oakland State CA Zip Code 94612 Purpose of Disbursement delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B179672 Date of Disbursement 10 / 13 / 2006 Amount of Each Disbursement this Period 42.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subvendor
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. The UPS Store		Transaction ID: B179671 Date of Disbursement 10 / 13 / 2006
Mailing Address 1714 Franklin Street, Suite 100		Amount of Each Disbursement this Period 11.70
City Oakland State CA Zip Code 94612	Purpose of Disbursement delivery Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subvendor

Full Name (Last, First, Middle Initial) B. The UPS Store		Transaction ID: B179669 Date of Disbursement 10 / 12 / 2006
Mailing Address 1714 Franklin Street, Suite 100		Amount of Each Disbursement this Period 8.33
City Oakland State CA Zip Code 94612	Purpose of Disbursement delivery Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subvendor

Full Name (Last, First, Middle Initial) C. The UPS Store		Transaction ID: B179666 Date of Disbursement 10 / 11 / 2006
Mailing Address 1714 Franklin Street, Suite 100		Amount of Each Disbursement this Period 94.00
City Oakland State CA Zip Code 94612	Purpose of Disbursement delivery Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subvendor

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. The UPS Store		Transaction ID: B179662 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 1714 Franklin Street, Suite 100		Amount of Each Disbursement this Period 17.87
City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement delivery Candidate Name	001 Category/Type	[MEMO ITEM] Subvendor
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The UPS Store		Transaction ID: B179658 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 1714 Franklin Street, Suite 100		Amount of Each Disbursement this Period 12.58
City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement delivery Candidate Name	001 Category/Type	[MEMO ITEM] Subvendor
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The UPS Store		Transaction ID: B179657 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 1714 Franklin Street, Suite 100		Amount of Each Disbursement this Period 27.90
City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement delivery Candidate Name	001 Category/Type	[MEMO ITEM] Subvendor
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. The UPS Store		Transaction ID: B179656 Date of Disbursement 10 / 02 / 2006
Mailing Address 1714 Franklin Street, Suite 100		Amount of Each Disbursement this Period 18.14
City Oakland State CA Zip Code 94612	Purpose of Disbursement delivery Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subvendor

Full Name (Last, First, Middle Initial) B. The UPS Store		Transaction ID: B179655 Date of Disbursement 10 / 02 / 2006
Mailing Address 1714 Franklin Street, Suite 100		Amount of Each Disbursement this Period 13.46
City Oakland State CA Zip Code 94612	Purpose of Disbursement delivery Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subvendor

Full Name (Last, First, Middle Initial) C. U.S. Bancorp (HLH)		Transaction ID: B179226 Date of Disbursement 10 / 03 / 2006
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 24.95
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Credit Card Payment Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	24.95
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. U.S. Bank		Transaction ID: B179471 Date of Disbursement
Mailing Address 980 - 9th Street		<input type="text" value="10"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Payroll Taxes	<input type="text" value="001"/> Category/ Type	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. U.S. Bank		Transaction ID: B179119 Date of Disbursement
Mailing Address 980 - 9th Street		<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Payroll Taxes	<input type="text" value="001"/> Category/ Type	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. Bank		Transaction ID: B179604 Date of Disbursement
Mailing Address 980 - 9th Street		<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement bank charge	<input type="text" value="001"/> Category/ Type	
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1977.13"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address 980 - 9th Street

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
credit card fees

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B179605

Date of Disbursement

10 / 02 / 2006

Amount of Each Disbursement this Period

147.31

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

SUBTOTAL of Disbursements This Page (optional)

147.31

TOTAL This Period (last page this line number only)

35666.46

**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 41 / 49

<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)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial)
John Mr. Maher

Mailing Address 8 Dunstable Road

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Return of 10/14/2006 Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: B20(a)9703

Date of Disbursement

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

Amount of Each Disbursement this Period

50.00

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

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

50.00

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Angie Paccione for Congress		Transaction ID: B219588 Date of Disbursement 10 / 13 / 2006
Mailing Address P O Box 1292		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ft Collins State CO Zip Code 80522	Purpose of Disbursement Political Contribution Category/Type 011	
Candidate Name Angela Paccione	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Braley for Congress		Transaction ID: B219577 Date of Disbursement 10 / 13 / 2006
Mailing Address P O Box 390		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Waterloo State IA Zip Code 50704	Purpose of Disbursement Political Contribution Category/Type 011	
Candidate Name Bruce Braley	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brown for Congress		Transaction ID: B219600 Date of Disbursement 10 / 16 / 2006
Mailing Address P O Box 4506		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Auburn State CA Zip Code 95604	Purpose of Disbursement Political Contribution Category/Type 011	
Candidate Name Charles Brown	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A. Brown for Congress Full Name (Last, First, Middle Initial) Mailing Address P O Box 4506 City Auburn State CA Zip Code 95604 Purpose of Disbursement Political Contribution Candidate Name Charles Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B219581 Date of Disbursement 10 / 13 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Chet Edwards for Congress Full Name (Last, First, Middle Initial) Mailing Address P O Box 23273 City Waco State TX Zip Code 76702 Purpose of Disbursement Political Contribution Candidate Name Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B219583 Date of Disbursement 10 / 13 / 2006 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

C. Democratic Congressional Camp. Committee Full Name (Last, First, Middle Initial) Mailing Address 430 South Capitol Street S.E. 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Transfer to DCCC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B219252 Date of Disbursement 10 / 10 / 2006 Amount of Each Disbursement this Period 40000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	42000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Friends of John Barrow		Transaction ID: B219586 Date of Disbursement 10 / 13 / 2006
Mailing Address P.O. Box 8166		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Savannah State GA Zip Code 31412	Purpose of Disbursement Political Contribution Category/Type 011	
Candidate Name John Barrow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Mazie Hirono		Transaction ID: B219589 Date of Disbursement 10 / 13 / 2006
Mailing Address P O Box 677		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Honolulu State HI Zip Code 96809	Purpose of Disbursement Political Contribution Category/Type 011	
Candidate Name Mazie Hirono		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Phil Hare		Transaction ID: B219576 Date of Disbursement 10 / 13 / 2006
Mailing Address 313 17th Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rock Island State IL Zip Code 61202	Purpose of Disbursement Political Contribution Category/Type 011	
Candidate Name Phillip Hare		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Giffords for Congress		Transaction ID: B219580 Date of Disbursement 10 / 13 / 2006
Mailing Address P O Box 27565		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tucson State AZ Zip Code 85726	Purpose of Disbursement Political Contribution Category/Type: 011	
Candidate Name Gabrielle Giffords	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08		

Full Name (Last, First, Middle Initial) B. Gillibrand for Congress		Transaction ID: B219599 Date of Disbursement 10 / 16 / 2006
Mailing Address P O Box 1279		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hudson State NY Zip Code 12534	Purpose of Disbursement Political Contribution Category/Type: 011	
Candidate Name Kirsten Gillibrand	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20		

Full Name (Last, First, Middle Initial) C. Harold Ford Jr for Tennessee		Transaction ID: B219584 Date of Disbursement 10 / 13 / 2006
Mailing Address 5120 Barry Road, Suite 1300		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis State TN Zip Code 38117	Purpose of Disbursement Political Contribution Category/Type: 011	
Candidate Name Harold Ford	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

<p>A. Hooley for Congress</p> <p>Full Name (Last, First, Middle Initial) Hooley for Congress</p> <p>Mailing Address P O Box 2050</p> <p>City Salem State OR Zip Code 97308</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name Darlene Hooley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 5</p>		<p>Transaction ID: B219582</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="011"/></p>		

<p>B. Iraq Veterans for Progress</p> <p>Full Name (Last, First, Middle Initial) Iraq Veterans for Progress</p> <p>Mailing Address 555 South Flower Street Suite 4210</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: B219248</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="011"/></p>		

<p>C. Jefferson Committee</p> <p>Full Name (Last, First, Middle Initial) Jefferson Committee</p> <p>Mailing Address 1723 Valmont Street</p> <p>City New Orleans State LA Zip Code 70115</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name William Jefferson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 02</p>		<p>Transaction ID: B219585</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="011"/></p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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 47 / 49

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

Full Name (Last, First, Middle Initial) A. Julia Carson for Congress Committee		Transaction ID: B219579 Date of Disbursement 10 / 13 / 2006
Mailing Address 740 Market Square Center		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46244	011 Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name Julia Carson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Roth for Congress		Transaction ID: B219587 Date of Disbursement 10 / 13 / 2006
Mailing Address P O Box 1107		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City La Quinta State CA Zip Code 92247	011 Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name David Roth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Patrick/Murray Victory Fund		Transaction ID: B219253 Date of Disbursement 10 / 10 / 2006
Mailing Address 56 Roland Street, Suite 100D		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boston State MA Zip Code 02129	011 Category/ Type	
Purpose of Disbursement Political Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 49

<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial)
Trupiano for Congress

Mailing Address 7236 N Lafayette

City Dearborn Heights State MI Zip Code 48127

Purpose of Disbursement
Political Contribution

Candidate Name
Tony Trupiano

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 11

Transaction ID: B219578

Date of Disbursement

10 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

59000.00

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bancorp (BL)	Nature of Debt (Purpose): Campaign Items, Meetings
Mailing Address P.O. Box 790408	
City State ZIP Code St. Louis MO 63179-0408	

Outstanding Balance Beginning This Period <input type="text" value="3879.88"/>	Transaction ID: D103714	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3879.88"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bancorp (CD)	Nature of Debt (Purpose): Campaign Items, Meetings
Mailing Address P.O. Box 790408	
City State ZIP Code St. Louis MO 63179-0408	

Outstanding Balance Beginning This Period <input type="text" value="9916.58"/>	Transaction ID: D109025	
Amount Incurred This Period <input type="text" value="4172.97"/>	Payment This Period <input type="text" value="9916.58"/>	Outstanding Balance at Close of This Period <input type="text" value="4172.97"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bancorp (HLH)	Nature of Debt (Purpose): Campaign Items, Meetings
Mailing Address P.O. Box 790408	
City State ZIP Code St. Louis MO 63179-0408	

Outstanding Balance Beginning This Period <input type="text" value="24.95"/>	Transaction ID: D103688	
Amount Incurred This Period <input type="text" value="24.95"/>	Payment This Period <input type="text" value="24.95"/>	Outstanding Balance at Close of This Period <input type="text" value="24.95"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="4197.92"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="4197.92"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>