

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Capital One Financial Corp. Assoc. Political Fund

ADDRESS (number and street) 1680 Capital One Drive  
Attn: 19050-1204  
 Check if different than previously reported. (ACC)  
McLean VA 22102

2. **FEC IDENTIFICATION NUMBER** C00326595  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day Post -Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2006 through 03 31 2006

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

Signature of Treasurer Electronically Filed by Richard Olson Date 02 23 2007

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  
Capital One Financial Corp. Assoc. Political Fund

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		185483.86
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	185483.86									
(c) Total Receipts (from Line 19) .....	217607.08	217607.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	403090.94	403090.94								
7. Total Disbursements (from Line 31) .....	122000.00	122000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	281090.94	281090.94								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Capital One Financial Corp. Assoc. Political Fund

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	136642.42	136642.42
(i) Itemized (use Schedule A) .....	17612.58	17612.58
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	154255.00	154255.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	154255.00	154255.00
12. Transfers From Affiliated/Other Party Committees .....	63352.08	63352.08
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	217607.08	217607.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	217607.08	217607.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	121000.00	121000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	122000.00	122000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	122000.00	122000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	154255.00	154255.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	154255.00	154255.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> John Finneran		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 16 Magnolia Parkway		<b>Transaction ID:</b> 11874545	
City State Zip Code Chevy Chase MD 20815		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Capital One EVP, Gen Counsel & Corp Sec			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> William J. West		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 5912 Cedar Parkway		<b>Transaction ID:</b> 11907777	
City State Zip Code Chevy Chase MD 20815		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation IBM Marketing Executive/Stockholder			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael T. Yamamoto		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 12113 Morestead Court		<b>Transaction ID:</b> 12022973	
City State Zip Code Glen Allen VA 23059		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Capital One VP, MIS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	13000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. E. R. Campbell</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 457 Railsback Road		<b>Transaction ID: 12189555</b>	
City State Zip Code Shreveport LA 71106	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capital One	Occupation Board of Directors		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Lewis Hay</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 13220 Marsh Landing		<b>Transaction ID: 12190202</b>	
City State Zip Code Palm Beach Gardens FL 33418	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capital One	Occupation Board of Directors/Stockholder		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Jean Traub</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2006	
Mailing Address 1725 Stonebridge Rd		<b>Transaction ID: 12190273</b>	
City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capital One	Occupation Assistant General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Stephanie A. Goldfine		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 3729 Van Ness Street, NW		<b>Transaction ID:</b> 12190312	
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capital One	Occupation Assistant General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Holly Kortright		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 4415 N. 7th Street		<b>Transaction ID:</b> 12190346	
City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capital One	Occupation Director, HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Scott Davenport		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2006	
Mailing Address 7802 Aberdeen Road		<b>Transaction ID:</b> 12229801	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Capital One	Occupation VP, Enterprise Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

**A.** Full Name (Last, First, Middle Initial)  
Ryan Schneider

Mailing Address 5901 Dorrington Circle

City State Zip Code  
Glen Allen VA 23059

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

Name of Employer Capital One Occupation SVP, Strategic Planning

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2006

Transaction ID: 12229804

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen P. Theobald

Mailing Address 2307 Colonel Lindsay Court

City State Zip Code  
Falls Church VA 22043

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

Name of Employer Capital One Occupation VP, Finance & Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

Transaction ID: 12229805

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
W. Ronald Dietz

Mailing Address 1625 Commerce Parkway

City State Zip Code  
Bloomington IL 61704

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

Name of Employer W.M. Putnam Company Occupation President and Capital One Board of Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: 12261881

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 66						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Matthew W. Schuyler</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 3720 Raboli Street		<b>Transaction ID: 12261882</b>	
City State Zip Code Pleasanton CA 94566	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capital One	Occupation SVP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Pierre Elie Leroy</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6	
Mailing Address 9 Windy Pt.		<b>Transaction ID: 12261883</b>	
City State Zip Code Rock Island IL 61201	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capital One	Occupation Capital One Board of Directors		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. David B. Pahren</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6	
Mailing Address 815 Westham Parkway		<b>Transaction ID: 12261884</b>	
City State Zip Code Richmond VA 23229	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capital One	Occupation Senior Financial Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	13000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

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

Mailing Address 1012 The Preserve Drive

City State Zip Code  
Maidens VA 23102

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

Name of Employer Occupation  
Capital One Director, Marketing and Analysis

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2006

**Transaction ID:** 12261885

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 5424 Hillshire Way

City State Zip Code  
Glen Allen VA 23059

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

**Transaction ID:** 12261887

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Gary L. Perlin

Mailing Address 10301 Firefly Circle

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Occupation  
Capital One CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** 12261891

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

**A.** Full Name (Last, First, Middle Initial)  
Jonah E. Perlin

Mailing Address 10301 Firefly Circle

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Occupation  
Student Student/ Stockholder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** 12261893

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 5628 Bent Creek Tr

City State Zip Code  
Dallas TX 75252

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

Name of Employer Occupation  
Capital One President/ CEO - COAF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** 12261895

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Leslie L. Lawson

Mailing Address 5628 Bent Creek Trail

City State Zip Code  
Dallas TX 75252

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID:** 12261896

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Ann Fritz Hackett		Date of Receipt MM / DD / YYYY 03 / 30 / 2006
Mailing Address 1110 Brook Valley Lane		<b>Transaction ID:</b> 12312979
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00	
Name of Employer Horizon Consulting Group	Occupation President and Capital One Board of Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Lawrence J. Stein		Date of Receipt MM / DD / YYYY
Mailing Address 6503 Heather Brook Ct		<b>Transaction ID:</b> PR1000609916657
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1500.00	
Name of Employer Policy Affairs	Occupation SVP, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	P/R Deduction (\$208.33 Se- mi-Monthly)

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Glotz		Date of Receipt MM / DD / YYYY
Mailing Address 12605 Wheat Ter		<b>Transaction ID:</b> PR1001510316657
City Richmond	State VA	Zip Code 23233
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 375.00	
Name of Employer Chief Auditor	Occupation Managing VP, Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	P/R Deduction (\$62.50 Sem- i-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6875.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. John Fassel</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 14014 Saddle River Dr		<b>Transaction ID: PR1001510416657</b>	
City State Zip Code North Potomac MD 20878	Amount of Each Receipt this Period _____ 375.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Compliance - Central Services	Occupation VP, Enterprise Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		
		P/R Deduction (\$62.50 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Steve Arneson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1425 Hague Drive		<b>Transaction ID: PR1036126516657</b>	
City State Zip Code Leesburg VA 20175	Amount of Each Receipt this Period _____ 500.10		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Executive Development	Occupation SVP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.10		
		P/R Deduction (\$83.35 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. Steven Zykoski</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 103 Durrington Ct		<b>Transaction ID: PR1036126716657</b>	
City State Zip Code Richmond VA 23236	Amount of Each Receipt this Period _____ 200.04		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Infrastructure finance	Occupation Director, Financial Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 200.04		
		P/R Deduction (\$33.34 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1075.14</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Douglas J. Taylor		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1036133416657
Mailing Address 12209 Hampton Valley Turn		Amount of Each Receipt this Period 200.04
City State Zip Code Chesterfield VA 23832	FEC ID number of contributing federal political committee. C	P/R Deduction (\$33.34 Semi-Monthly)
Name of Employer Occupation Up Market Account Mgmt Sr Business Director	Aggregate Year-to-Date 200.04	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Sarah Gravitt-Baese		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039328516657
Mailing Address 4316 Cutshaw Ave.		Amount of Each Receipt this Period 438.00
City State Zip Code Richmond VA 23230	FEC ID number of contributing federal political committee. C	P/R Deduction (\$73.00 Semi-Monthly)
Name of Employer Occupation Brand US Card Strategy VP, Brand Marketing	Aggregate Year-to-Date 438.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Ashish Masih		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039328916657
Mailing Address 11609 Hearthstone Drive		Amount of Each Receipt this Period 300.00
City State Zip Code Glen Allen VA 23059	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Occupation Legal Administration VP, Business Analysis	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	938.04
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Melissa Monk		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039329016657	
Mailing Address 2923 Monument Avenue Condo 1		Amount of Each Receipt this Period 300.00	
City Richmond      State VA      Zip Code 23221	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Operations and Infrastructure Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Compliance Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Semi-Monthly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Howard Phillips		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039329216657	
Mailing Address 9722 Cragmont Drive		Amount of Each Receipt this Period 498.00	
City Richmond      State VA      Zip Code 23233	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Decisioning Platforms Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Operations Aggregate Year-to-Date ▼ 498.00	P/R Deduction (\$83.00 Semi-Monthly)	

<b>C.</b> Full Name (Last, First, Middle Initial) Lynne Laube		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039329516657	
Mailing Address 2913 Calcutt Drive		Amount of Each Receipt this Period 375.00	
City Midlothian      State VA      Zip Code 23113	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Payments M&A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP, Operations Analysis Aggregate Year-to-Date ▼ 375.00	P/R Deduction (\$62.50 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1173.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 66		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Scott Barton</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11420 Harcourt Ter		<b>Transaction ID: PR1040336616657</b>	
City Richmond	State VA	Zip Code 23233	Amount of Each Receipt this Period _____ 750.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capital One	Occupation SVP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.00		
		P/R Deduction (\$125.00 Se-mi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Beth Miksa</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11613 Alder Ridge Ct		<b>Transaction ID: PR1055110816657</b>	
City Glen Allen	State VA	Zip Code 23059	Amount of Each Receipt this Period _____ 432.84
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CRE BIO	Occupation Director, HR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 432.84		
		P/R Deduction (\$108.21 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Susan Batura</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 219 East Brook Run Drive		<b>Transaction ID: PR1067721116657</b>	
City Richmond	State VA	Zip Code 23238	Amount of Each Receipt this Period _____ 1248.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Audit - US Card and GFS	Occupation VP, Audit Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1248.00		
		P/R Deduction (\$208.00 Se-mi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>2430.84</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Rose		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1076522816657
Mailing Address 9629 Parkwood Drive		Amount of Each Receipt this Period 240.00
City State Zip Code Bethesda MD 20814	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Semi-Monthly)
Name of Employer Associate Compensation Occupation SVP, Human Resources	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Sallie Larsen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1076522916657
Mailing Address 7300 Hooking Road		Amount of Each Receipt this Period 375.00
City State Zip Code McLean VA 22101	FEC ID number of contributing federal political committee. C	P/R Deduction (\$62.50 Semi-Monthly)
Name of Employer HR Communications Occupation Managing VP, Human Resources	Aggregate Year-to-Date 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Theodore Forbes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1081446516657
Mailing Address 110 Overlook Dr		Amount of Each Receipt this Period 375.00
City State Zip Code Charlottesville VA 22903	FEC ID number of contributing federal political committee. C	P/R Deduction (\$62.50 Semi-Monthly)
Name of Employer Capital One University Occupation Managing VP, Human Resources	Aggregate Year-to-Date 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	990.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

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

Mailing Address 7359 Jefferson Mill Road

City State Zip Code  
Scottsville VA 24590

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

Name of Employer Occupation  
US Card Finance SVP, Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1086858516657

Amount of Each Receipt this Period  
750.00

P/R Deduction (\$125.00 Se-  
mi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Larry Ebert

Mailing Address 8 Tapoan Road

City State Zip Code  
Richmond VA 23226

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

Name of Employer Occupation  
AS - Org Effectiveness Managing VP, Corp Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1090232816657

Amount of Each Receipt this Period  
750.00

P/R Deduction (\$125.00 Se-  
mi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Michael Zamsky

Mailing Address 1350 Beverly Road #1204

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
RM - Chief of Staff Chief Consumer Credit Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1090233016657

Amount of Each Receipt this Period  
750.00

P/R Deduction (\$125.00 Se-  
mi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Kent Ivanoff Mailing Address 5605 Hunter's Glen Drive City State Zip Code Glen Allen VA 23059 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1090233216657 Amount of Each Receipt this Period 1416.66 P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer Occupation Mainstreet Management EVP, Business Analysis Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1416.66		

<b>B.</b> Full Name (Last, First, Middle Initial) James Reo Mailing Address 3141 N Pollard St City State Zip Code Arlington VA 22207 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1090233316657 Amount of Each Receipt this Period 270.00 P/R Deduction (\$45.00 Semi-Monthly)
Name of Employer Occupation Executive & Campus Recruiting VP, Human Resources Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 270.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Charles Clark Mailing Address 3023 Macomb St NW City State Zip Code Washington DC 20008 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1091968516657 Amount of Each Receipt this Period 375.00 P/R Deduction (\$62.50 Semi-Monthly)
Name of Employer Occupation Litigation Group Managing VP, Chief Counsel Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2061.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Sivakumar Gowrishankar</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 10006 Stonemill Rd		<b>Transaction ID: PR1091968616657</b>
City Richmond State VA Zip Code 23233	Amount of Each Receipt this Period _____ 375.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$62.50 Semi-Monthly)
Name of Employer Upmarket Acquisition Occupation VP, Business Analysis	Aggregate Year-to-Date ▼ _____ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Robert Turner</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2107 Mount Blanco Rd		<b>Transaction ID: PR1091968716657</b>
City Chester State VA Zip Code 23836	Amount of Each Receipt this Period _____ 252.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$42.00 Semi-Monthly)
Name of Employer ETO Administration Occupation SVP, Information Technology	Aggregate Year-to-Date ▼ _____ 252.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Troy Jamison</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11713 Shadow Run Lane		<b>Transaction ID: PR1096508416657</b>
City Glen Allen State VA Zip Code 23059	Amount of Each Receipt this Period _____ 210.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$35.00 Semi-Monthly)
Name of Employer Mainstreet Customer Acquisition Occupation VP, Business Analysis	Aggregate Year-to-Date ▼ _____ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>837.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Douglas Wall</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2511 Northwind Place		<b>Transaction ID: PR1096508816657</b>	
City Richmond State VA Zip Code 23233	Amount of Each Receipt this Period _____ 375.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Compliance - Central Services Occupation VP, Business Analysis	Aggregate Year-to-Date ▼ _____ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$100.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Roldy Leyva</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5348 Nagami Drive		<b>Transaction ID: PR1103674916657</b>	
City Windermere State FL Zip Code 34786	Amount of Each Receipt this Period _____ 200.04		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capital One Financial Occupation HR Manager	Aggregate Year-to-Date ▼ _____ 200.04		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$33.34 Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Leonard Roseman</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3314 Grove Ave		<b>Transaction ID: PR1119163016657</b>	
City Richmond State VA Zip Code 23221-2818	Amount of Each Receipt this Period _____ 375.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CRM - IBS Transformation Occupation VP, Statistical Analysis	Aggregate Year-to-Date ▼ _____ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		P/R Deduction (\$62.50 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>950.04</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Colin Ruh</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5044 Silver Lake Drive		<b>Transaction ID: PR1121981116657</b>	
City State Zip Code Plano TX 75093	Amount of Each Receipt this Period _____ 375.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer COAF - Fin & Acctg	Occupation SVP, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		
		P/R Deduction (\$62.50 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Todd Kennedy</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 660 Washington St Apt 8H		<b>Transaction ID: PR1125784016657</b>	
City State Zip Code Boston MA 02111	Amount of Each Receipt this Period _____ 437.52		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer COHF General & Admin	Occupation Managing VP, Business Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 437.52		
		P/R Deduction (\$72.92 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. Marsha King</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8600 Garnet Rock Gate		<b>Transaction ID: PR1133064416657</b>	
City State Zip Code Laurel MD 20723	Amount of Each Receipt this Period _____ 375.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Client Support - Staff Fns	Occupation Managing VP, HR Client Cnsltng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		
		P/R Deduction (\$-1125.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1187.52</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Amy Baumgardner</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2935 Tennyson Street NW		<b>Transaction ID: PR1137262516657</b>
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer CRG - Restructuring	Occupation VP, Sr. Associate Genl Counsel	P/R Deduction (\$105.00 Se- mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Polly Nyquist</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3018 O Street, N.W.		<b>Transaction ID: PR1143077816657</b>
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Strategic Support	Occupation Managing VP, Chief Counsel	P/R Deduction (\$50.00 Sem- i-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Raymond Frigo</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2711 Remington Road		<b>Transaction ID: PR1143078016657</b>
City Oakton	State VA	Zip Code 22124
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 252.00
Name of Employer UK Operations Mgmt	Occupation SVP, Information Technology	P/R Deduction (\$42.00 Sem- i-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>852.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Michael Dobbins</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1143078116657
Mailing Address 6203 Bristol Place		Amount of Each Receipt this Period 750.00
City Frisco State TX Zip Code 75034	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Retail Banking Integration Occupation SVP, Business Analysis	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	
P/R Deduction (\$125.00 Semi-Monthly)		

Full Name (Last, First, Middle Initial) <b>B. John Meadows</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1188379616657
Mailing Address 4306 Stevens Battle Lane		Amount of Each Receipt this Period 319.98
City Fairfax State VA Zip Code 22033	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Executive & Campus Recruiting Occupation Director, Recruiting	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 319.98	
P/R Deduction (\$53.33 Semi-Monthly)		

Full Name (Last, First, Middle Initial) <b>C. Lance Melber</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1210550416657
Mailing Address 4901 W 144th Terrace		Amount of Each Receipt this Period 750.00
City Leawood State KS Zip Code 66224	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Home Loans - KC Operations Occupation SVP, Business Analysis	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	
P/R Deduction (\$125.00 Semi-Monthly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>1819.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 66		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Jane Stafford</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5237 Chappell Ridge Place		<b>Transaction ID: PR1212903916657</b>	
City State Zip Code Glen Allen VA 23059	Amount of Each Receipt this Period _____ 375.00		
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$62.50 Semi-Monthly)	
Name of Employer Occupation Audit - Compliance VP, Audit	Aggregate Year-to-Date ▼ _____ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ROBERT STUART</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1941 COUNTRY CLUB DR		<b>Transaction ID: PR1246280716657</b>	
City State Zip Code BATON ROUGE LA 70808	Amount of Each Receipt this Period _____ 220.68		
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$56.17 Bi-Weekly)	
Name of Employer Occupation CAPITAL ONE CHIEF COMMERCIAL BANKING EXEC	Aggregate Year-to-Date ▼ _____ 220.68		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Christopher Curtis</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6017 Madawaska Road		<b>Transaction ID: PR414959516657</b>	
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period _____ 375.00		
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$33.33 Semi-Monthly)	
Name of Employer Occupation Policy Affairs Sr Director, Assoc Gen. Counsel	Aggregate Year-to-Date ▼ _____ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>970.68</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Frank LaPrade		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR414959916657	
Mailing Address 6440 Wiscasset Road		Amount of Each Receipt this Period 750.00	
City State Zip Code Bethesda MD 20816	FEC ID number of contributing federal political committee. C		
Name of Employer Senior Management Occupation EVP, Chief of Staff	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		
P/R Deduction (\$125.00 Se-mi-Monthly)			

Full Name (Last, First, Middle Initial) <b>B.</b> Frank Borchert		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR414960016657	
Mailing Address 9813 Thunderhill Ct		Amount of Each Receipt this Period 1248.00	
City State Zip Code Great Falls VA 22066	FEC ID number of contributing federal political committee. C		
Name of Employer Legal Management Occupation EVP, Deputy General Counsel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1248.00		
P/R Deduction (\$208.00 Se-mi-Monthly)			

Full Name (Last, First, Middle Initial) <b>C.</b> David Tyler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR414960316657	
Mailing Address 5097 Little Falls Road		Amount of Each Receipt this Period 1249.98	
City State Zip Code Arlington VA 22207	FEC ID number of contributing federal political committee. C		
Name of Employer Integration Occupation Managing VP, Project Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.98		
P/R Deduction (\$208.33 Se-mi-Monthly)			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3247.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Marjorie Mary Connelly</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 440 Rivergate Dr.		<b>Transaction ID: PR414961216657</b>
City Richmond	State VA	Zip Code 23238
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 800.00
Name of Employer Capital One Financial	Occupation EVP, Credit Card Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 800.00	
		P/R Deduction (\$200.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Murray Abrams</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 10208 Bencross Dr		<b>Transaction ID: PR414962516657</b>
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 900.00
Name of Employer US Corp Dev Transactions Group	Occupation EVP, Business Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 900.00	
		P/R Deduction (\$150.00 Se-mi-Monthly)

Full Name (Last, First, Middle Initial) <b>C. Douglas Pick</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 11720 Paddock Drive Apt. 103-2		<b>Transaction ID: PR414962616657</b>
City Midlothian	State VA	Zip Code 23113
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period _____ 375.00
Name of Employer US Card TOH Adjustments	Occupation VP, Project Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00	
		P/R Deduction (\$62.50 Sem-i-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2075.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Roberta Douma</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 305 Westham Parkway		<b>Transaction ID: PR414962916657</b>	
City Richmond	State VA	Zip Code 23229	Amount of Each Receipt this Period _____ 498.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Executive Coaching	Occupation VP, Executive Coach		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 498.00		
		P/R Deduction (\$83.00 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Cathryne Doss</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9024 Pamunkey River Farms Dr		<b>Transaction ID: PR414963816657</b>	
City Mechanicsville	State VA	Zip Code 23111	Amount of Each Receipt this Period _____ 957.48
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardholder Enhancements - IT	Occupation Managing VP, IT Data Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 957.48		
		P/R Deduction (\$159.58 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. William McDonald</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8019 Greenwich Woods Dr		<b>Transaction ID: PR414964316657</b>	
City McLean	State VA	Zip Code 22102	Amount of Each Receipt this Period _____ 1249.98
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Senior Management	Occupation EVP, Brand		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1249.98		
		P/R Deduction (\$208.33 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>2705.46</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Stephen Linehan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR415000216657	
Mailing Address 5701 Little Spring		Amount of Each Receipt this Period 600.00	
City State Zip Code Derwood MD 20855	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Semi-Monthly)	
Name of Employer Occupation Treasury Administration EVP, Treasurer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jory Berson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR415012516657	
Mailing Address 338 Perrow Lane		Amount of Each Receipt this Period 450.00	
City State Zip Code Manakin-Sabot VA 23103	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.00 Semi-Monthly)	
Name of Employer Occupation Senior Management President, US Card	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Peter Schnall		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR415012616657	
Mailing Address 6703 Moly Drive		Amount of Each Receipt this Period 1249.98	
City State Zip Code Falls Church VA 22046	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.33 Semi-Monthly)	
Name of Employer Occupation Senior Management Chief Risk Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2299.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Ronald Massey</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR415032216657	
Mailing Address 901 Kingham Drive		Amount of Each Receipt this Period 250.02	
City Midlothian	State VA	Zip Code 23114	P/R Deduction (\$41.67 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Capital One	Occupation Director, HR Client Consulting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02		

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Heslop</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR415088416657	
Mailing Address 8401 W. Hildy Ct.		Amount of Each Receipt this Period 390.00	
City Spotsylvania	State VA	Zip Code 22553	P/R Deduction (\$65.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer ITRO	Occupation Managing VP, IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) <b>C. Daniel Friedman</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR415114416657	
Mailing Address 3702 Holland Avenue #2		Amount of Each Receipt this Period 750.00	
City Dallas	State TX	Zip Code 75219	P/R Deduction (\$125.00 Semi-Monthly)
FEC ID number of contributing federal political committee. C			
Name of Employer Dealer M&A	Occupation SVP, Business Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1390.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Robert Alexander		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9925 Eildonway Pl.		<b>Transaction ID:</b> PR415154316657
City Richmond	State VA	Zip Code 23238
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 625.00
Name of Employer ECM General Management	Occupation EVP, Business Analysis	P/R Deduction (\$125.00 Se- mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Daniel Mortensen		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9515 Carterwood Ct		<b>Transaction ID:</b> PR415695616657
City Richmond	State VA	Zip Code 23229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer AS - Org Effectiveness	Occupation SVP, Facilities Mgt/Real Estate	P/R Deduction (\$125.00 Se- mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> David Wasik		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3817 Houndstooth Court		<b>Transaction ID:</b> PR415707616657
City Richmond	State VA	Zip Code 23233
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Small Business	Occupation SVP, Business Analysis	P/R Deduction (\$125.00 Se- mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Eric Schweikert		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR415720916657
Mailing Address 2352 N Vernon St		Amount of Each Receipt this Period 252.00
City Arlington	State VA	Zip Code 22207
FEC ID number of contributing federal political committee. C		P/R Deduction (\$42.00 Semi-Monthly)
Name of Employer SF-Strategic Finance	Occupation Managing VP, Business Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>B.</b> James Mendelsohn		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR416033816657
Mailing Address 8021 Falstaff Rd		Amount of Each Receipt this Period 375.00
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		P/R Deduction (\$62.50 Semi-Monthly)
Name of Employer Market Intelligence	Occupation VP, Strategy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Shawn Budde		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR416043916657
Mailing Address 2307 Monument Ave.		Amount of Each Receipt this Period 1249.98
City Richmond	State VA	Zip Code 23220
FEC ID number of contributing federal political committee. C		P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer ECM General Management	Occupation SVP, Business Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1876.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Richard Olson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1608 Crestwood Lane		<b>Transaction ID: PR416100816657</b>	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period _____ 600.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Policy Affairs Occupation Director, Government Relations	Aggregate Year-to-Date ▼ _____ 600.00		P/R Deduction (\$100.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. David Wright</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2512 Maple Hall Court		<b>Transaction ID: PR416109016657</b>	
City State Zip Code Midlothian VA 23113	Amount of Each Receipt this Period _____ 210.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer UK IT Planning Occupation Managing VP, IT	Aggregate Year-to-Date ▼ _____ 210.00		P/R Deduction (\$71.66 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Catherine West</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5782 Toad Hollow		<b>Transaction ID: PR416109116657</b>	
City State Zip Code The Colony TX 75056	Amount of Each Receipt this Period _____ 1249.98		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Senior Management Occupation EVP President US Card	Aggregate Year-to-Date ▼ _____ 1249.98		P/R Deduction (\$208.33 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>2059.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 66						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Scott Hildebrand		Date of Receipt
Mailing Address 3640 Worcester Lane		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Keswick	VA	22947
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> PR416110316657
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 1248.00
Name of Employer Capital One	Occupation Managing VP, Brand Management	P/R Deduction (\$208.00 Se- mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1248.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Larry Klane		Date of Receipt
Mailing Address 3018 O Street NW		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Washington	DC	20007
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> PR416110916657
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 1249.98
Name of Employer Senior Management	Occupation President, Global Fin Services	P/R Deduction (\$208.33 Se- mi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1249.98	

Full Name (Last, First, Middle Initial) <b>C.</b> Andres Navarrete		Date of Receipt
Mailing Address 5613 Wood Way		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Bethesda	MD	20816
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> PR416111016657
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 409.20
Name of Employer Legal & Regulatory Adviso- ry	Occupation Managing VP, Chief Counsel	P/R Deduction (\$68.20 Sem- i-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 409.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2907.18
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Laura Olle		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4200 Military Road NW		<b>Transaction ID:</b> PR591247316657	
City State Zip Code Washington DC 20015	Amount of Each Receipt this Period _____ 1249.98		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Enterprise Risk Management	Occupation EVP, Enterprise Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1249.98		P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>B.</b> Douglas Krey		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2032 Monument Ave		<b>Transaction ID:</b> PR591247416657	
City State Zip Code Richmond VA 23220	Amount of Each Receipt this Period _____ 750.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Shared Services & Risk Mgmt	Occupation SVP, Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.00		P/R Deduction (\$125.00 Semi-Monthly)

Full Name (Last, First, Middle Initial) <b>C.</b> Jerry Miller		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3020 Darnley Drive		<b>Transaction ID:</b> PR591247516657	
City State Zip Code Richmond VA 23235	Amount of Each Receipt this Period _____ 210.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer Sourcing, Contracting & Ins	Occupation Sr. Manager, Procurement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		P/R Deduction (\$35.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>2209.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Terren Peterson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR591247716657
Mailing Address 3712 Sovereign Lane		Amount of Each Receipt this Period 252.00
City Richmond      State VA      Zip Code 23233	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Enter App Platforms Receipt For:	Occupation Director, Data Management Aggregate Year-to-Date ▼	P/R Deduction (\$42.00 Semi-Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	252.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Gregor Bailar		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR591247916657
Mailing Address 6653 Sorrel St		Amount of Each Receipt this Period 1249.98
City McLean      State VA      Zip Code 22101	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Senior Management Receipt For:	Occupation Chief Information Officer Aggregate Year-to-Date ▼	P/R Deduction (\$208.33 Semi-Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1249.98	

Full Name (Last, First, Middle Initial) <b>C.</b> Raymond Peloso		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR613997016657
Mailing Address 12305 Reed Forest Ct		Amount of Each Receipt this Period 300.00
City Glen Allen      State VA      Zip Code 23059	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Collections Baseline Strategy Receipt For:	Occupation VP, Operations Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Semi-Monthly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1801.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Carlos Palomares Mailing Address 102-25 Coral Creek Rd City State Zip Code Coral Gables FL 33156 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR682519616657 Amount of Each Receipt this Period 1249.98 P/R Deduction (\$208.33 Semi-Monthly)
Name of Employer Occupation GFS Management SVP, Business Analysis Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1249.98		

<b>B.</b> Full Name (Last, First, Middle Initial) Patrick Gray Mailing Address 2406 Brushcreek Drive City State Zip Code Keller TX 76248 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR682519716657 Amount of Each Receipt this Period 375.00 P/R Deduction (\$62.50 Semi-Monthly)
Name of Employer Occupation COAF - Fin & Acctg VP, Finance Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 375.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Murray Mailing Address 6003 Woodley Rd. City State Zip Code McLean VA 22101 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR682519816657 Amount of Each Receipt this Period 300.00 P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Occupation Regulatory Exams SVP, Business Analysis Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1924.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Ellen Falbo Mailing Address 3818 24th st. N City Arlington State VA Zip Code 22207 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR694166716657 Amount of Each Receipt this Period 245.00 P/R Deduction (\$62.50 Semi-Monthly)
Name of Employer CRM - Card Occupation VP, Business Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Larry Rodriguez Mailing Address 2600 Jim Johnson Rd. City Concord State NC Zip Code 28027 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR694166916657 Amount of Each Receipt this Period 210.00 P/R Deduction (\$35.00 Semi-Monthly)
Name of Employer Auto Finance - Sales Admin Occupation Managing VP, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Richard Walker Mailing Address 323 Clovelly Rd City Richmond State VA Zip Code 23221 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR740892916657 Amount of Each Receipt this Period 450.00 P/R Deduction (\$75.00 Semi-Monthly)
Name of Employer Mainstreet Customer Management Occupation VP, Business Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>905.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Kyle Shidler Mailing Address 6413 Rockbluff Cir. City State Zip Code Plano TX 75024 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR852363916657 Amount of Each Receipt this Period 750.00 P/R Deduction (\$125.00 Se-mi-Monthly)
Name of Employer Plano - Corporate Occupation SVP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		

<b>B.</b> Full Name (Last, First, Middle Initial) James Evans Mailing Address 105 N. Erlwood Court City State Zip Code Richmond VA 23229 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR852364316657 Amount of Each Receipt this Period 600.00 P/R Deduction (\$100.00 Se-mi-Monthly)
Name of Employer Customer Care Admin Occupation Managing VP, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Houston Mailing Address 171 N. Maple Ave City State Zip Code Greenwich CT 06830 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR861906216657 Amount of Each Receipt this Period 750.00 P/R Deduction (\$125.00 Se-mi-Monthly)
Name of Employer US Card Chief Of Staff Occupation Managing VP, Project Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Karl Werwath		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR937267616657
Mailing Address 13007 River Road		Amount of Each Receipt this Period 750.00
City Richmond State VA Zip Code 23238	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$125.00 Semi-Monthly)
Name of Employer Card Ops Admin Occupation SVP, Operations	Aggregate Year-to-Date 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Kenneth Peacock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR937267716657
Mailing Address 15601 Chesdin Landing Terrace		Amount of Each Receipt this Period 750.00
City Chesterfield State VA Zip Code 23838	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$125.00 Semi-Monthly)
Name of Employer Infrastructure Management Occupation VP Information Technology	Aggregate Year-to-Date 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> John Polk		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR941791916657
Mailing Address 11709 Aprilbud Dr		Amount of Each Receipt this Period 252.00
City Richmond State VA Zip Code 23233	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$42.00 Semi-Monthly)
Name of Employer CMC Ops Analysis and Proj Mgmt Occupation Director, Operations Analysis	Aggregate Year-to-Date 252.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1752.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Armour Mailing Address 21 Brookside Farm Ln. City State Zip Code Sudbury MA 01776 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR945153116657 Amount of Each Receipt this Period 375.00 P/R Deduction (\$62.50 Semi-Monthly)
Name of Employer Occupation COHF IT VP, Information Technology Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 375.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Samir Deshpande Mailing Address 10513 Tyler Terrace City State Zip Code Potomac MD 20854 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR945153216657 Amount of Each Receipt this Period 750.00 P/R Deduction (\$125.00 Semi-Monthly)
Name of Employer Occupation Dealer M&A SVP, Business Analysis Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Frederick Knowles Mailing Address 6304 Avalon Dr City State Zip Code Bethesda MD 20816 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR945153516657 Amount of Each Receipt this Period 750.00 P/R Deduction (\$125.00 Semi-Monthly)
Name of Employer Occupation HR Planning SVP, HR Client Consulting Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1875.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Peter Deoudes</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 300 Autumn Wind Way		<b>Transaction ID: PR947256416657</b>	
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period _____ 375.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Regulatory Exams	Occupation VP, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		
		P/R Deduction (\$62.50 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>B. Joseph Morgan</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 703 Big Woods Place		<b>Transaction ID: PR947256616657</b>	
City State Zip Code Mankin Sabot VA 23103	Amount of Each Receipt this Period _____ 375.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Helix Operations	Occupation VP, Information Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		
		P/R Deduction (\$62.50 Semi-Monthly)	

Full Name (Last, First, Middle Initial) <b>C. Wylie Schwieder</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5905 Brookmeade Terrace		<b>Transaction ID: PR949575616657</b>	
City State Zip Code Glen Allen VA 23059	Amount of Each Receipt this Period _____ 750.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Capital One	Occupation SVP, Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.00		
		P/R Deduction (\$0.00 Semi-Monthly)	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. William Cilluffo</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 155 Alexandra Blvd		<b>Transaction ID: PR952992916657</b>	
City State Zip Code Toronto ON M4R 1-M3	Amount of Each Receipt this Period _____ 750.00		
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$125.00 Semi-Monthly)	
Name of Employer Canada Senior Mgmt	Occupation SVP, Business Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.00		

Full Name (Last, First, Middle Initial) <b>B. Barry Beswick</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 557 Woodson Court		<b>Transaction ID: PR956833116657</b>	
City State Zip Code Manakin-Sabot VA 23103	Amount of Each Receipt this Period _____ 375.00		
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$62.50 Semi-Monthly)	
Name of Employer WC - Banking	Occupation VP, Corporate Real Estate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 375.00		

Full Name (Last, First, Middle Initial) <b>C. Timothy McGough</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3510 Broadrun Dr		<b>Transaction ID: PR966702316657</b>	
City State Zip Code Fairfax VA 22033	Amount of Each Receipt this Period _____ 450.00		
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$40.00 Semi-Monthly)	
Name of Employer Client Support - Finance	Occupation VP, HR Client Consulting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>1575.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____ <b>136642.42</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 45 / 66	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

**A.** Full Name (Last, First, Middle Initial)  
Hibernia People for Good Government

Mailing Address 313 Carondelet Street

City	State	Zip Code
New Orleans	LA	70130

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
63352.08

Date of Receipt  

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

Transaction ID: 12146250

Amount of Each Receipt this Period  
63352.08

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	63352.08
<b>TOTAL</b> This Period (last page this line number only) .....	▶	63352.08

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 66

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. The Evan Bayh Committee</b>		<b>Transaction ID:</b> 12129990 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 575 North Pennsylvania Ave. Suite 234		Amount of Each Disbursement this Period 1000.00
City Indianapolis State IN Zip Code 46204		
Purpose of Disbursement	011 Category/Type	
Candidate Name Sen. Evan Bayh		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Melissa Bean For Congress</b>		<b>Transaction ID:</b> 12142878 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 203 Frances Lane		Amount of Each Disbursement this Period 1000.00
City Barrington State IL Zip Code 60010		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Melissa Bean		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Judy Biggert For Congress</b>		<b>Transaction ID:</b> 12187238 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 637		Amount of Each Disbursement this Period 1000.00
City Hinsdale State IL Zip Code 60522		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Judy Biggert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Mary Bono Committee</b>		<b>Transaction ID:</b> 12253758 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 2000.00
City Palm Springs State CA Zip Code 92263	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Mary Bono		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Boucher for Congress</b>		<b>Transaction ID:</b> 12186955 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 188 East Main Street		Amount of Each Disbursement this Period 1000.00
City Abingdon State VA Zip Code 24210	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Rick Boucher		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Michael Burgess For Congress</b>		<b>Transaction ID:</b> 12129931 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 2334		Amount of Each Disbursement this Period 1000.00
City Denton State TX Zip Code 76202	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael Burgess		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Campbell For Congress</b>		<b>Transaction ID:</b> 12253762 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 4199 Campus Drive #550		Amount of Each Disbursement this Period 1000.00
City Irvine State CA Zip Code 92612	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. John Campbell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cantor for Congress</b>		<b>Transaction ID:</b> 12138483 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 28280		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23228	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Eric Cantor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Lois Capps</b>		<b>Transaction ID:</b> 12142919 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 1000.00
City Santa Barbara State CA Zip Code 93121	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Friends Of Kent Conrad</b>		<b>Transaction ID:</b> 12142841 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address PO Box 812		Amount of Each Disbursement this Period 2000.00
City Bismarck	State ND	
Zip Code 58502		
Purpose of Disbursement		
Candidate Name Sen. Kent Conrad		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 1		

Full Name (Last, First, Middle Initial) <b>B. Crowley for Congress</b>		<b>Transaction ID:</b> 12126754 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 4000.00
City Washington	State DC	
Zip Code 20013		
Purpose of Disbursement		
Candidate Name Rep. Joseph Crowley		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 7		

Full Name (Last, First, Middle Initial) <b>C. Crowley for Congress</b>		<b>Transaction ID:</b> 12126755 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20013		
Purpose of Disbursement		
Candidate Name Rep. Joseph Crowley		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

A. Full Name (Last, First, Middle Initial)  
TOM DAVIS FOR CONGRESS

Mailing Address 3304 JUNIPER WAY

City FALLS CHURCH State VA Zip Code 22044

Purpose of Disbursement

Category/  
Type

Candidate Name  
Rep. Thomas M. Davis, III

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: VA District: 11

Transaction ID: 12142917

Date of Disbursement

/  /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)  
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: 12038266

Date of Disbursement

/  /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)  
Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18101

Purpose of Disbursement

Category/  
Type

Candidate Name  
Mr. Charles Dent

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: PA District: 15

Transaction ID: 12253759

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Dole Committee Inc</b>		<b>Transaction ID: 12129935</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6	
Mailing Address PO Box 2918		Amount of Each Disbursement this Period 1000.00	
City Raleigh State NC Zip Code 27602	Purpose of Disbursement 011 Category/Type		
Candidate Name Sen. Elizabeth Dole			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Engel For Congress</b>		<b>Transaction ID: 12187257</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6	
Mailing Address 462 California Road		Amount of Each Disbursement this Period 1000.00	
City Bronxville State NY Zip Code 10708	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Eliot L. Engel			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Financial Services Roundtable PAC</b>		<b>Transaction ID: 12182312</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6	
Mailing Address 805 Fifteenth Street, NW Suite 600		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement 011 Category/Type		
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Committee To Re-Elect Vito Fossella</b>		<b>Transaction ID:</b> 12038264 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 131403		Amount of Each Disbursement this Period 1000.00
City Staten Island State NY Zip Code 10313	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Vito J. Fossella		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Barney Frank For Congress Committee</b>		<b>Transaction ID:</b> 12253790 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address P O Box 260		Amount of Each Disbursement this Period 1000.00
City Newtonville State MA Zip Code 02460	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Barney Frank		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Scott Garrett For Congress</b>		<b>Transaction ID:</b> 12253786 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 905		Amount of Each Disbursement this Period 1000.00
City Newton State NJ Zip Code 07860	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Scott Garrett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Charles A Gonzalez Congressional Campaign</b>		<b>Transaction ID:</b> 12142916
Mailing Address PO Box 12612		Date of Disbursement 03 / 10 / 2006
City San Antonio	State TX	Zip Code 78212
Purpose of Disbursement	Amount of Each Disbursement this Period 1000.00	
Candidate Name Rep. Charlie A. Gonzalez	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 20		

Full Name (Last, First, Middle Initial) <b>B. Bob Goodlatte For Congress Committee</b>		<b>Transaction ID:</b> 12142922
Mailing Address P.O. Box 292		Date of Disbursement 03 / 10 / 2006
City Roanoke	State VA	Zip Code 24002
Purpose of Disbursement	Amount of Each Disbursement this Period 2500.00	
Candidate Name Rep. Robert W. Goodlatte	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 6		

Full Name (Last, First, Middle Initial) <b>C. Congressman Bart Gordon Committee</b>		<b>Transaction ID:</b> 12183549
Mailing Address P.O. Box 2008		Date of Disbursement 03 / 17 / 2006
City Murfreesboro	State TN	Zip Code 37133
Purpose of Disbursement	Amount of Each Disbursement this Period 500.00	
Candidate Name Rep. Bart Gordon	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Al Green For Congress</b>		<b>Transaction ID:</b> 12129934 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 3003 South Loop West Suite 321		Amount of Each Disbursement this Period 2500.00
City Houston State TX Zip Code 77054	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Al Green		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 9	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General Debt Re	

Full Name (Last, First, Middle Initial) <b>B. Growth and Prosperity Political Action Committee</b>		<b>Transaction ID:</b> 12253767 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address Suite 300, 21st Street, NW		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hooley For Congress</b>		<b>Transaction ID:</b> 12253785 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 2000.00
City Salem State OR Zip Code 97308	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Darlene Hooley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Hoyer For Congress</b>		<b>Transaction ID:</b> 12038263 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 2500.00
City Clinton State MD Zip Code 20735	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Steny H. Hoyer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Steve Israel For Congress Committee</b>		<b>Transaction ID:</b> 12253760 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 777		Amount of Each Disbursement this Period 1000.00
City Deer Park State NY Zip Code 11729	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Steve Israel	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Pennsylvanians For Kanjorski</b>		<b>Transaction ID:</b> 12142918 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 103 South Hanover Street		Amount of Each Disbursement this Period 1000.00
City Nanticoke State PA Zip Code 18634	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Paul E. Kanjorski	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. King For Congress</b>		<b>Transaction ID:</b> 12142923 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 126 N Des Moines Street PO Box 576		Amount of Each Disbursement this Period 2000.00
City Odebolt State IA Zip Code 51458		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Steve King		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. KOMPAC</b>		<b>Transaction ID:</b> 12142914 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 20209		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22320		
Purpose of Disbursement	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Mary Landrieu</b>		<b>Transaction ID:</b> 12129937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 650 Poydras Street Suite 1434		Amount of Each Disbursement this Period 1000.00
City New Orleans State LA Zip Code 70130		
Purpose of Disbursement	011 Category/Type	
Candidate Name Sen. Mary L. Landrieu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Latourette For Congress Committee</b>		<b>Transaction ID:</b> 12142913 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 320 Kenarden Dr.		Amount of Each Disbursement this Period 1000.00
City Highland Hts. State OH Zip Code 44143	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Steven C. LaTourette		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Joe Lieberman</b>		<b>Transaction ID:</b> 12038265 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 231294, State House Square		Amount of Each Disbursement this Period 1000.00
City Hartford State CT Zip Code 06123	Purpose of Disbursement 011 Category/Type	
Candidate Name Sen. Joseph Lieberman		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Carolyn Mccarthy</b>		<b>Transaction ID:</b> 12186124 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 151 Linden Road		Amount of Each Disbursement this Period 1000.00
City Mineola State NY Zip Code 11501	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Carolyn McCarthy		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input 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: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Mccrery For Congress Committee</b>		<b>Transaction ID:</b> 12037996 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 2000.00
City Shreveport State LA Zip Code 71135		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Jim McCrery		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends for Gregory Meeks</b>		<b>Transaction ID:</b> 12038038 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 219-10 South Conduit Avenue 219-10 South Conduit Avenue		Amount of Each Disbursement this Period 1000.00
City Springfield Garden State NY Zip Code 11413		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Gregory W. Meeks		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Charlie Melancon Campaign Committee Inc</b>		<b>Transaction ID:</b> 12187261 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 511 Congress St PO Box 549		Amount of Each Disbursement this Period 2500.00
City Napoleonville State LA Zip Code 70390		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Charles Melancon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Menendez For Senate</b>		Transaction ID: 11905703 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 2500.00
City Union City State NJ Zip Code 07087	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Robert Menendez		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Menendez For Senate</b>		Transaction ID: 12187241 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 1000.00
City Union City State NJ Zip Code 07087	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Robert Menendez		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Moore for Congress Committee</b>		Transaction ID: 12142875 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 14631		Amount of Each Disbursement this Period 1000.00
City Shawnee Mission State KS Zip Code 66285	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Dennis Moore		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. National Republican Senatorial Committee</b>		<b>Transaction ID:</b> 12071098 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 425 2nd Street, NE		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nelson For U S Senate</b>		<b>Transaction ID:</b> 12182520 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address PO Box 540154		Amount of Each Disbursement this Period 2500.00
City Omaha State NE Zip Code 68154	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Ben Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pryce For Congress</b>		<b>Transaction ID:</b> 12129929 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Reynolds For Congress</b>		<b>Transaction ID:</b> 12129928 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 1000.00
City Rochester State NY Zip Code 14615		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Thomas M. Reynolds		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Searchlight Leadership Fund</b>		<b>Transaction ID:</b> 12142920 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 422 C Street, NE Lower Level		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Clay Shaw</b>		<b>Transaction ID:</b> 12185944 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 2600 Ne 14th. Street Causeway 2600 Ne 14th. Street Causeway		Amount of Each Disbursement this Period 1000.00
City Pompano Beach State FL Zip Code 33062		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. E. Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Christopher Shays For Congress Committee</b>		<b>Transaction ID: 12253757</b> Date of Disbursement
Mailing Address 98 East Avenue Rear Building 98 East Avenue Rear Building		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Norwalk	State CT	Zip Code 06851
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Rep. Christopher Shays		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type
State: CT	District: 4	

Full Name (Last, First, Middle Initial) <b>B. Spratt For Congress Committee</b>		<b>Transaction ID: 12187254</b> Date of Disbursement
Mailing Address PO Box 830		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City York	State SC	Zip Code 29745
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Rep. John M. Spratt, Jr.		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type
State: SC	District: 5	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Cliff Stearns</b>		<b>Transaction ID: 12129930</b> Date of Disbursement
Mailing Address PO Box 308		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2006"/>
City Silver Springs	State FL	Zip Code 34489
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name Rep. Cliff Stearns		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type
State: FL	District: 6	

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Team Sununu</b>		<b>Transaction ID: 12187251</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address PO Box 500		Amount of Each Disbursement this Period 1000.00
City Rye State NH Zip Code 03870	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. John E. Sununu	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Tiberi For Congress</b>		<b>Transaction ID: 12253793</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 2021 East Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43229	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Patrick J. Tiberi	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Committee To Reelect Ed Towns</b>		<b>Transaction ID: 11906580</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period 1000.00
City Brooklyn State NY Zip Code 11233	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Edolphus Towns	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

Full Name (Last, First, Middle Initial) <b>A. Upton For All Of Us</b>		Transaction ID: 12038261 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 490		Amount of Each Disbursement this Period 1500.00
City St. Joseph	State MI	
Zip Code 49085		
Purpose of Disbursement		
Candidate Name Rep. Fred Upton		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 6		

Full Name (Last, First, Middle Initial) <b>B. Voinovich For Senate Committee</b>		Transaction ID: 12142915 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 865 Macon Alley		Amount of Each Disbursement this Period 2000.00
City Columbus	State OH	
Zip Code 43206		
Purpose of Disbursement		
Candidate Name Sen. George V. Voinovich		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 2		

Full Name (Last, First, Middle Initial) <b>C. Whitfield For Congress Committee</b>		Transaction ID: 12187243 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 1000.00
City Hopkinsville	State KY	
Zip Code 42241		
Purpose of Disbursement		
Candidate Name Rep. Ed Whitfield		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	121000.00



**SCHEDULE B (FEC Form 3X)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Capital One Financial Corp. Assoc. Political Fund

A. Full Name (Last, First, Middle Initial)  
Texans for Greg Abbott

Mailing Address P.O. Box 308

City Austin State TX Zip Code 78767

Purpose of Disbursement  
Greg Abbott, ATTORNEY GENERAL

Candidate Name  
Greg Abbott

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 12142921

Date of Disbursement

03 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Greg Abbott, ATTORNEY GENERAL

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00

Image# 27930165717

Form/Schedule: **F3XA**

As a result of an amendment that was filed 1/25/2006 the balance was not properly carried over. This is an adjustment of \$66.15 to correct that..

Transaction ID:

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