

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

John Shadeggs Friends

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	59304.99	1076613.80
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5388.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	59304.99	1071225.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	81893.87	620543.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4272.63
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	81893.87	616270.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	51486.03	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
. If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

John Shadeggs Friends

Report Covering the Period: From: 10 19 2006 To: 11 27 2006

I. RECEIPTS

Table with 3 columns: COLUMN A Total this Period, COLUMN B Election Cycle Total as of, COLUMN C Total for. Rows include 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A), (ii) Unitemized, (iii) Total of contributions from individuals, (b) Political Party Committees, (c) Other Political Committees.

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate 0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 59304.99	1076613.80	809.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate 0.00	0.00	0.00
(b). All Other Loans 0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b)) 0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) 0.00	4272.63	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc) 0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 59304.99	1080886.43	809.99

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

John Shadeggs Friends

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
81893.87	620543.34	14821.79
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	5388.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	5388.00	0.00
------	---------	------

21. OTHER DISBURSEMENTS

43000.00	554037.01	0.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

124893.87	1179968.35	14821.79
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

59304.99	1071225.80	809.99
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

81893.87	616270.71	14821.79
----------	-----------	----------

V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	117074.91
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	59304.99
25. SUBTOTAL(add Line 23 and Line 24)	176379.90
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	124893.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	51486.03

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Amer. Society of Anesthesiologists PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 6	
Mailing Address 520 N Northwest Hwy		Transaction ID: 61021.C20309	
City State Zip Code Park Ridge IL 60068-2573	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) B. American Assc of Clinical Urologists PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 6	
Mailing Address 1111 N Plaza Drive, Suite 550		Transaction ID: 61021.C20308	
City State Zip Code Schaumburg IL 60173	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. American Assn Neurological Surgeons PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address Ms. Katherine O. Orrico PO Box 136		Transaction ID: 61103.C20350	
City State Zip Code Washington DC 20044-0136	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7500.00		

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

A. Full Name (Last, First, Middle Initial)
American Bankers Assoc. PAC

Mailing Address Ms. Tanya Wheeless
1120 Connecticut Ave, NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: 61205.C20362

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
American College of Cardiology PAC

Mailing Address Steven West
9111 Old Georgetown Rd

City Bethesda State MD Zip Code 20814

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2006

Transaction ID: 61031.C20335

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American College of Physicians Serv PAC

Mailing Address Tracy Novak
2011 Pennsylvania Ave., NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61104.C20358

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. American Health Care Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address Mr. Steve Miller 1201 L Street NW		Transaction ID: 61031.C20336	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. American Meat Institute PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address Mr. Matt McQueeny 1150 Connecticut Avenue #1200		Transaction ID: 61024.C20325	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. American Medical Association PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Mailing Address Mr. David O. Landrith 1101 Vermont Ave, NW		Transaction ID: 61103.C20343	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 51
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

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

Mailing Address Mr. Richard F. Keating
1776 I Street, Suite 200

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: 61103.C20344

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address Mr. Russell C. Ring
1300 I Street NW, Suite 525

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: 61024.C20326

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Centene Corporation PAC

Mailing Address Julia Ciorletti
1150 Connecticut Avenue NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2006

Transaction ID: 61031.C20337

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 51
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

A. Full Name (Last, First, Middle Initial)
ConocoPhillips Spirit PAC

Mailing Address Mr. Jeffrey Reamy
1776 I Street, N.W. Suite 700

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: 61024.C20327

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Council For Citizens Against Govt Waste

Mailing Address 1301 Connecticut Ave, NW
#400

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9.99

Date of Receipt
MM / DD / YYYY
11 / 18 / 2006

Transaction ID: 61206.C20380

Amount of Each Receipt this Period
9.99

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

C. Full Name (Last, First, Middle Initial)
Cummins-Allison Corp PAC

Mailing Address 1919 Algonquin Road

City Rolling Meadows State IL Zip Code 60008

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61104.C20359

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2009.99**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

A. Full Name (Last, First, Middle Initial)
FPL Employees PAC

Mailing Address Mr. Michael M. Wilson
PO Box 14000

City Juno Beach State FL Zip Code 33408

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: 61024.C20328

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 2300 Clarendon Blvd. Ste. 400

City Arlington State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: 61103.C20348

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address Lisa Marie Bongiovanni
333 Continental Blvd

City El Segundo State CA Zip Code 90245

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: 61024.C20329

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

A. Full Name (Last, First, Middle Initial)
Patton Boggs PAC

Mailing Address 2550 M Street NW

City Washington State DC Zip Code 20037

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61103.C20345

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Property Casualty Assoc of America PAC

Mailing Address 2600 South River Road

City Des Plaines State IL Zip Code 60018

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
10 / 30 / 2006

Transaction ID: 61031.C20339

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Qualcomm Incorporated PAC

Mailing Address 2000 K Street Ste 375

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61104.C20361

Amount of Each Receipt this Period
2500.00

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 51
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

A. Full Name (Last, First, Middle Initial)
Sprint Nextel PAC

Mailing Address Mr. William Barloon
401 9th St #400

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 61031.C20340

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
US Airways Group Inc Federal PAC

Mailing Address Mr. C.A. Howlett
4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

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

Transaction ID: 61027.C20334

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Wells Fargo & Co. Employee PAC

Mailing Address Wells Fargo Center
Sixth & Marquette

City Minneapolis State MN Zip Code 55479

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: 61031.C20341

Amount of Each Receipt this Period
3000.00

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

SUBTOTAL of Receipts This Page (optional) ► **9000.00**

TOTAL This Period (last page this line number only) ► **46509.99**

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

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

Mailing Address 8928 N 47th Street

City State Zip Code
Phoenix AZ 85028

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

Name of Employer St. Josephs Hospital Occupation Neurologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 61205.C20370

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Jason E. Isaak

Mailing Address 815 E Desert Park Lane

City State Zip Code
Phoenix AZ 85020

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

Name of Employer Policy Development Group Occupation Associate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 61021.C20315

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 9060 N 106th PI

City State Zip Code
Scottsdale AZ 85258-6123

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

Name of Employer N/A Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 61021.C20317

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

A. Full Name (Last, First, Middle Initial)
Jeff T Mueller

Mailing Address 9121 Palm Tree Dr

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer Occupation
Mayo Clinic Anesthesiologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: 61021.C20319

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1206 Havasu Dr

City State Zip Code
Prescott AZ 86303

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

Name of Employer Occupation
Software Mgt Services Systems Analyst

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: 61205.C20374

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 307 E Royal Palm Road

City State Zip Code
Phoenix AZ 85020-3641

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

Name of Employer Occupation
The Symington Group Associate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

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

Transaction ID: 61021.C20320

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

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

Mailing Address 6 E Tanglewood Trl.

City State Zip Code
Phoenix AZ 85085

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

Name of Employer Occupation
Hurley Transportation CO President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61103.C20355

Amount of Each Receipt this Period
400.00

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

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

Mailing Address 28827 N 49th Pl

City State Zip Code
Cave Creek AZ 85331-3302

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

Name of Employer Occupation
SRP Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61205.C20371

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 8141 N 18th Place

City State Zip Code
Phoenix AZ 85020

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

Name of Employer Occupation
WESCAP Investments Businessman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61205.C20365

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

A. Full Name (Last, First, Middle Initial)
Gerald E. Stanton

Mailing Address 7181 North 68th Pl

City State Zip Code
Paradise Valley AZ 85253-3645

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 335.00

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

Transaction ID: 61103.C20352

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 1601 W Deer Valley Road

City State Zip Code
Anthem AZ 85086

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

Name of Employer Knox Company Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 61024.C20330

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 1601 W Deer Valley

City State Zip Code
Phoenix AZ 85027

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

Name of Employer Knox Company Occupation COO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 61024.C20331

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

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

Mailing Address 4876 E Calle Del Medio

City State Zip Code
Phoenix AZ 85018-2956

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

Name of Employer Occupation
Ryan, Rapp & Underwood, PLC Attorney

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

Date of Receipt

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

Transaction ID: 61205.C20369

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Arizona Dept. of Economic Security		Transaction ID: 61205.E7776 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address PO Box 6028		Amount of Each Disbursement this Period 70.00
City Phoenix State AZ Zip Code 85005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement UNEMPLOYMENT TAX	Candidate Name	UNEMPLOYMENT TAX
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. Arizona Mini Storage		Transaction ID: 61205.E7810 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 6
Mailing Address 12650 N Cave Creek		Amount of Each Disbursement this Period 588.80
City Phoenix State AZ Zip Code 85032-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN OFFICE STORAGE	Candidate Name	CAMPAIGN OFFICE STORAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. James Ashley		Transaction ID: 61205.E7808 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 6
Mailing Address 10816 N 35th St		Amount of Each Disbursement this Period 1000.00
City Phoenix State AZ Zip Code 85028-3332	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL CONSULTING FEE	Candidate Name	POLITICAL CONSULTING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1658.80
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

A. Billboard Poster Full Name (Last, First, Middle Initial) Mailing Address 3940 W Montecito Ave City Phoenix State AZ Zip Code 85019- Purpose of Disbursement ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7754 Date of Disbursement: M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 1582.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
---	--	--

B. CBS Outdoor Full Name (Last, First, Middle Initial) Mailing Address 3150 S. 48th Street, Suite 200 City Phoenix State AZ Zip Code 85040- Purpose of Disbursement LOST CHECK Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7795 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period -3618.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LOST CHECK
---	--	--

C. CBS Outdoor Full Name (Last, First, Middle Initial) Mailing Address 3150 S. 48th Street, Suite 200 City Phoenix State AZ Zip Code 85040- Purpose of Disbursement ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7796 Date of Disbursement: M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 3618.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
--	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	1582.58
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

A. Clear Channel Outdoor Full Name (Last, First, Middle Initial) Mailing Address 2850 E Camelback Rd #300 City Phoenix State AZ Zip Code 85016- Purpose of Disbursement BILLBOARD ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7761 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BILLBOARD ADVERTISING
--	--	--

B. Cox Communications Full Name (Last, First, Middle Initial) Mailing Address 17602 N Black Canyon Hwy City Phoenix State AZ Zip Code 85023-1936 Purpose of Disbursement CABLE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7804 Date of Disbursement 11 / 17 / 2006 Amount of Each Disbursement this Period 264.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICES
--	--	--

C. William Faulkner Full Name (Last, First, Middle Initial) Mailing Address 14009 N 49th Ave City Glendale State AZ Zip Code 85306- Purpose of Disbursement SIGN REMOVAL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7800 Date of Disbursement 11 / 14 / 2006 Amount of Each Disbursement this Period 3028.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SIGN REMOVAL
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SUBTOTAL of Disbursements This Page (optional) ▶	5792.49
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 61205.E7805 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 6
Mailing Address 1800 E Camelback		Amount of Each Disbursement this Period 60.91
City Phoenix State AZ Zip Code 85001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
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. Joan Hosey		Transaction ID: 61205.E7797 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 4915 E Everett Drive		Amount of Each Disbursement this Period 855.38
City Scottsdale State AZ Zip Code 85254-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Integrated Web Strategy		Transaction ID: 61205.E7811 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 4715 N 32 Street #107		Amount of Each Disbursement this Period 90.00
City Phoenix State AZ Zip Code 85018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Candidate Name	CREDIT CARD PROCESSING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1006.29
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 51

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Integrated Web Strategy		Transaction ID: 61205.E7803 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 4715 N 32 Street #107		Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85018-	Purpose of Disbursement WEB HOSTING FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WEB HOSTING FEE

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Transaction ID: 61205.E7775 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address IRS		Amount of Each Disbursement this Period 249.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Odgen State UT Zip Code 84201-	Purpose of Disbursement PAYROLL TAXES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) C. James Foster & Associates Inc.		Transaction ID: 61205.E7763 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 5805 Club Oaks Plaza		Amount of Each Disbursement this Period 22000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75248-	Purpose of Disbursement DESIGN & PRINTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DESIGN & PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	23349.95
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. JNG and Associates		Transaction ID: 61205.E7802 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 4633 E Matt Dillon Trl		Amount of Each Disbursement this Period 966.14
City Cave Creek State AZ Zip Code 85331-5045	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Category/Type	PRINTING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JNG and Associates		Transaction ID: 61205.E7806 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 4633 E Matt Dillon Trl		Amount of Each Disbursement this Period 1378.50
City Cave Creek State AZ Zip Code 85331-5045	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Category/Type	PRINTING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Joe Burdar Screen Printing		Transaction ID: 61205.E7760 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 2705 N 24th St		Amount of Each Disbursement this Period 729.68
City Phoenix State AZ Zip Code 85008-1001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SIGN PRODUCTION	Category/Type	SIGN PRODUCTION
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3074.32
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Michael LaCorte		Transaction ID: 61205.E7791 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 10 Forrest Hill Rd		Amount of Each Disbursement this Period 1200.00	
City Titusville State NJ Zip Code 08560-2011	Purpose of Disbursement POLITICAL CONSULTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL CONSULTING	

Full Name (Last, First, Middle Initial) B. National Bank of Arizona		Transaction ID: 61205.E7814 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 6225 N 24 St		Amount of Each Disbursement this Period 3654.48	
City Phoenix State AZ Zip Code 85016-	Purpose of Disbursement CREDIT CARD: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD: SEE BELOW	

Full Name (Last, First, Middle Initial) C. Breast Cancer 3-Day		Transaction ID: 61205.E7816 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 3434 W Anthem Wat, Ste. 118 PMB #232		Amount of Each Disbursement this Period 500.00	
City Desert Hills State AZ Zip Code 85086-	Purpose of Disbursement CHARITABLE CONTRIBUTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CHARITABLE CONTRIBU-TION	

SUBTOTAL of Disbursements This Page (optional) ▶	4854.48
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Cactus Flower		Transaction ID: 61205.E7824 Date of Disbursement 10 / 24 / 2006
Mailing Address 10822 N Scottsdale Rd		Amount of Each Disbursement this Period 104.23
City Scottsdale State AZ Zip Code 85254-5242	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS Candidate Name	Category/Type	[MEMO ITEM] MEMO: FLOWERS
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. Chop House		Transaction ID: 61205.E7812 Date of Disbursement 10 / 19 / 2006
Mailing Address 509 7th Street NW		Amount of Each Disbursement this Period 554.06
City Washington State DC Zip Code 20004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING/FOOD&BEVERAGE Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEETING/FOOD&BEVERA-GE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Costco Wholesale		Transaction ID: 61205.E7817 Date of Disbursement 10 / 19 / 2006
Mailing Address 1646 W Montebello		Amount of Each Disbursement this Period 579.50
City Phoenix State AZ Zip Code 85015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address 1800 E Camelback City Phoenix State AZ Zip Code 85001- Purpose of Disbursement MONTHLY POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7822 Date of Disbursement 10 / 23 / 2006 Amount of Each Disbursement this Period 151.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MONTHLY POSTAGE
--	--	--

B. Jewish News of Greater Phoenix Full Name (Last, First, Middle Initial) Mailing Address PO Box 26590 City Phoenix State AZ Zip Code 85068-6590 Purpose of Disbursement ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7828 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 1055.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ADVERTISING
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C. Macayo Mexican Kitchen Full Name (Last, First, Middle Initial) Mailing Address 3117 N 16th Street City Phoenix State AZ Zip Code 85016- Purpose of Disbursement MEETING/FOOD&BEVERAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7820 Date of Disbursement 10 / 23 / 2006 Amount of Each Disbursement this Period 70.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING/FOOD&BEVERA-GE
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Mailboxes, 7th St. & Missouri		Transaction ID: 61205.E7821 Date of Disbursement 10 / 23 / 2006	
Mailing Address 7th Street and Missouri		Amount of Each Disbursement this Period 56.53	
City Phoenix State AZ Zip Code 85012-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 61205.E7818 Date of Disbursement 10 / 19 / 2006	
Mailing Address 1801 E Camelback Rd		Amount of Each Disbursement this Period 36.47	
City Phoenix State AZ Zip Code 85016-4107	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) C. The Eggery		Transaction ID: 61205.E7823 Date of Disbursement 10 / 23 / 2006	
Mailing Address 50 E Camelback Road		Amount of Each Disbursement this Period 20.54	
City Phoenix State AZ Zip Code 85012-	Purpose of Disbursement MEETING/FOOD&BEVERAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEETING/FOOD&BEVERA-GE	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 61205.E7825 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 1615 E Camelback Rd		Amount of Each Disbursement this Period 105.08
City Phoenix State AZ Zip Code 85016-3984	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR SERVICES	Candidate Name	[MEMO ITEM] MEMO: CELLULAR SERVICES
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. Williams-Sonoma		Transaction ID: 61205.E7815 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 2450 E Camelback Road		Amount of Each Disbursement this Period 173.21
City Phoenix State AZ Zip Code 85016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: EVENT SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Write Ons Etc.		Transaction ID: 61205.E7819 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 6201 N 7th Street		Amount of Each Disbursement this Period 109.18
City Phoenix State AZ Zip Code 85014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: EVENT SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. National Bank of Arizona		Transaction ID: 61205.E7831 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 6225 N 24 St		Amount of Each Disbursement this Period 12391.71
City Phoenix State AZ Zip Code 85016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW		Category/ Type
Candidate Name	CREDIT CARD: SEE BELOW	
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. American Airlines		Transaction ID: 61205.E7848 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 16th and K Streets, NW		Amount of Each Disbursement this Period 216.30
City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL - AIRLINES		Category/ Type
Candidate Name	[MEMO ITEM] MEMO: TRAVEL - AIRLINES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular		Transaction ID: 61205.E7839 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 17356		Amount of Each Disbursement this Period 854.46
City Baltimore State MD Zip Code 21297-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR SERVICES		Category/ Type
Candidate Name	[MEMO ITEM] MEMO: CELLULAR SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12391.71
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Clydes of Mark Center		Transaction ID: 61205.E7858 Date of Disbursement 11 / 13 / 2006
Mailing Address 1700 N Beauregard St		Amount of Each Disbursement this Period 205.00
City Alexandria State VA Zip Code 22311-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING/FOOD&BEVERAGE Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEETING/FOOD&BEVERAGE
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. Cosi #16		Transaction ID: 61205.E7864 Date of Disbursement 11 / 17 / 2006
Mailing Address 301 Pennsylvania Ave S.E.		Amount of Each Disbursement this Period 282.20
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING/FOOD&BEVERAGE Candidate Name	Category/Type	[MEMO ITEM] MEMO: MEETING/FOOD&BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Costco Wholesale		Transaction ID: 61205.E7835 Date of Disbursement 11 / 01 / 2006
Mailing Address 1646 W Montebello		Amount of Each Disbursement this Period 34.57
City Phoenix State AZ Zip Code 85015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Cox Communications		Transaction ID: 61205.E7833 Date of Disbursement 11 / 01 / 2006
Mailing Address 17602 N Black Canyon Hwy		Amount of Each Disbursement this Period 312.49
City Phoenix State AZ Zip Code 85023-1936	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE SERVICES	Candidate Name	[MEMO ITEM] MEMO: CABLE SERVICES
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. Cricket Communications		Transaction ID: 61205.E7847 Date of Disbursement 11 / 06 / 2006
Mailing Address 3118 Florida Blvd. Suite 206B		Amount of Each Disbursement this Period 662.10
City Delray Beach State FL Zip Code 33483-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONES	Candidate Name	[MEMO ITEM] MEMO: TELEPHONES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cricket Communications		Transaction ID: 61205.E7841 Date of Disbursement 11 / 06 / 2006
Mailing Address 3118 Florida Blvd. Suite 206B		Amount of Each Disbursement this Period 1135.00
City Delray Beach State FL Zip Code 33483-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONES	Candidate Name	[MEMO ITEM] MEMO: TELEPHONES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Deluxe Business Forms and Supplies		Transaction ID: 61205.E7840 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address PO Box 742572		Amount of Each Disbursement this Period 153.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-2572	[MEMO ITEM] MEMO: BANKING SUPPLIES	
Purpose of Disbursement BANKING SUPPLIES		Category/Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Einstein Bagels		Transaction ID: 61205.E7851 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 16842 N 7th Street		Amount of Each Disbursement this Period 302.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85022-	[MEMO ITEM] MEMO: MEETING/FOOD&BEVERA-GE	
Purpose of Disbursement MEETING/FOOD&BEVERAGE		Category/Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Expedia.com		Transaction ID: 61205.E7862 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code -	[MEMO ITEM] MEMO: TRAVEL	
Purpose of Disbursement TRAVEL		Category/Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

<p>A. Federal Express</p> <p>Full Name (Last, First, Middle Initial) John Shadeggs Friends</p> <p>Mailing Address 1800 E Camelback</p> <p>City Phoenix State AZ Zip Code 85001-</p> <p>Purpose of Disbursement MONTHLY POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61205.E7834</p> <p>Date of Disbursement 11 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 435.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MONTHLY POSTAGE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Five N Diner</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5220 N 16th St</p> <p>City Phoenix State AZ Zip Code 85016-</p> <p>Purpose of Disbursement FOOD&BEVERAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61205.E7838</p> <p>Date of Disbursement 11 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 207.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FOOD&BEVERAGE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Hilton Hotels</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 6333 N Scottsdale Road</p> <p>City Scottsdale State AZ Zip Code 85250-</p> <p>Purpose of Disbursement MEETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61205.E7857</p> <p>Date of Disbursement 11 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 512.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEETING</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 61205.E7860 Date of Disbursement 11 / 15 / 2006
Mailing Address 7500 Airline Drive		Amount of Each Disbursement this Period 321.18
City Minneapolis State MN Zip Code 55450-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL - AIRLINES Candidate Name	Category/Type	[MEMO ITEM] MEMO: TRAVEL - AIRLINES
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. Party People		Transaction ID: 61205.E7842 Date of Disbursement 11 / 06 / 2006
Mailing Address 5736 N 7th St		Amount of Each Disbursement this Period 56.56
City Phoenix State AZ Zip Code 85014-5801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: EVENT SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Phoenix Flower Shop		Transaction ID: 61205.E7846 Date of Disbursement 11 / 06 / 2006
Mailing Address 6041 N 7th St		Amount of Each Disbursement this Period 131.60
City Phoenix State AZ Zip Code 85012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS Candidate Name	Category/Type	[MEMO ITEM] MEMO: FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Safeway		Transaction ID: 61205.E7856 Date of Disbursement 11 / 08 / 2006
Mailing Address 13440 N 7th		Amount of Each Disbursement this Period 149.29
City Phoenix State AZ Zip Code 85022-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: EVENT SUPPLIES
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. Southwest Airlines		Transaction ID: 61205.E7849 Date of Disbursement 11 / 07 / 2006
Mailing Address Southwest Airlines Company 2320 E Jones Avenue		Amount of Each Disbursement this Period 114.80
City Phoenix State AZ Zip Code 85040-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL - AIRLINES	Candidate Name	[MEMO ITEM] MEMO: TRAVEL - AIRLINES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sprint PCS		Transaction ID: 61205.E7866 Date of Disbursement 11 / 20 / 2006
Mailing Address PO Box 79357		Amount of Each Disbursement this Period 1118.91
City City Of Industry State CA Zip Code 91716-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	[MEMO ITEM] MEMO: TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 61205.E7844 Date of Disbursement 11 / 06 / 2006	
Mailing Address 1801 E Camelback Rd		Amount of Each Disbursement this Period 38.91	
City Phoenix State AZ Zip Code 85016-4107	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. United States Postal Service		Transaction ID: 61205.E7837 Date of Disbursement 11 / 02 / 2006	
Mailing Address 5021 North 20th St		Amount of Each Disbursement this Period 4053.15	
City Phoenix State AZ Zip Code 85016-9998	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: POSTAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 61205.E7832 Date of Disbursement 11 / 01 / 2006	
Mailing Address P. O. Box 790293		Amount of Each Disbursement this Period 149.41	
City Saint Louis State MO Zip Code 63179-0293	Purpose of Disbursement TELEPHONE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: TELEPHONE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Vignettes Home and Garden		Transaction ID: 61205.E7869 Date of Disbursement 11 / 27 / 2006
Mailing Address 5220 N 7th St		Amount of Each Disbursement this Period 136.21
City Phoenix State AZ Zip Code 85014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: EVENT SUPPLIES
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. Wildfish Restaurant		Transaction ID: 61205.E7854 Date of Disbursement 11 / 08 / 2006
Mailing Address 7135 E Camelback Road		Amount of Each Disbursement this Period 273.45
City Scottsdale State AZ Zip Code 85251-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEETING/FOOD&BEVERAGE	Candidate Name	[MEMO ITEM] MEMO: MEETING/FOOD&BEVERA-GE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Williams-Sonoma		Transaction ID: 61205.E7871 Date of Disbursement 11 / 27 / 2006
Mailing Address 2450 E Camelback Road		Amount of Each Disbursement this Period 25.20
City Phoenix State AZ Zip Code 85016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT SUPPLIES	Candidate Name	[MEMO ITEM] MEMO: EVENT SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

A. Write Ons Etc. Full Name (Last, First, Middle Initial) Mailing Address 6201 N 7th Street City Phoenix State AZ Zip Code 85014- Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7872 Date of Disbursement 11 / 27 / 2006 Amount of Each Disbursement this Period 35.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
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B. National Bank of Arizona Full Name (Last, First, Middle Initial) Mailing Address 6225 N 24 St City Phoenix State AZ Zip Code 85016- Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7799 Date of Disbursement 11 / 09 / 2006 Amount of Each Disbursement this Period 184.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES
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C. Park Plaza Full Name (Last, First, Middle Initial) Mailing Address c/o Case, Huff & Associates 340 E Palm Lane, Suite 230 City Phoenix State AZ Zip Code 85004- Purpose of Disbursement OFFICE RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61205.E7793 Date of Disbursement 11 / 02 / 2006 Amount of Each Disbursement this Period 649.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE RENT
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SUBTOTAL of Disbursements This Page (optional) ▶	833.99
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Sarvas, King & Coleman, P.C.		Transaction ID: 61205.E7768 Date of Disbursement 10 / 30 / 2006	
Mailing Address 3101 N Central Ave #1100		Amount of Each Disbursement this Period 1710.00	
City Phoenix State AZ Zip Code 85012-2642	Purpose of Disbursement ACCOUNTING SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING SERVICES	

Full Name (Last, First, Middle Initial) B. Sarvas, King & Coleman, P.C.		Transaction ID: 61205.E7809 Date of Disbursement 11 / 26 / 2006	
Mailing Address 3101 N Central Ave #1100		Amount of Each Disbursement this Period 672.90	
City Phoenix State AZ Zip Code 85012-2642	Purpose of Disbursement ACCOUNTING SERVICES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING SERVICES	

Full Name (Last, First, Middle Initial) C. John B. Shadegg		Transaction ID: 61205.E7807 Date of Disbursement 11 / 21 / 2006	
Mailing Address 637 W Moon Valley Drive		Amount of Each Disbursement this Period 222.50	
City Phoenix State AZ Zip Code 85023-	Purpose of Disbursement TRAVEL - MILEAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL - MILEAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	2605.40
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Ken Spain		Transaction ID: 61205.E7792 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 409 6th Street, NE		Amount of Each Disbursement this Period 460.44
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY Candidate Name	Category/Type	SALARY
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. Tele Town-Hall Services		Transaction ID: 61205.E7801 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 5101 MacArthur Blvd., NW #200		Amount of Each Disbursement this Period 4400.00
City Washington State DC Zip Code 20016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE CONFERENCE Candidate Name	Category/Type	TELEPHONE CONFERENCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United States Postal Service		Transaction ID: 61205.E7780 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 5021 North 20th St		Amount of Each Disbursement this Period 17350.00
City Phoenix State AZ Zip Code 85016-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE Candidate Name	Category/Type	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	22210.44
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. United States Postal Service		Transaction ID: 61205.E7790 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 5021 North 20th St		Amount of Each Disbursement this Period 2000.00
City Phoenix State AZ Zip Code 85016-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Category/Type	POSTAGE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 61205.E7767 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address P. O. Box 790293		Amount of Each Disbursement this Period 144.80
City Saint Louis State MO Zip Code 63179-0293	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONES	Category/Type	TELEPHONES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Transaction ID: 61205.E7830 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 5151 N 44th St		Amount of Each Disbursement this Period 123.55
City Phoenix State AZ Zip Code 85018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BACKCARD FEES	Category/Type	BACKCARD FEES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2268.35
TOTAL This Period (last page this line number only)	81628.80

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Bachmann for Congress		Transaction ID: 61205.E7772 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 6053 Hudson Road		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Paul State MN Zip Code 55125-	Purpose of Disbursement CONTRIB MN/06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chabot for Congress		Transaction ID: 61205.E7762 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 3341 Harrison Avenue		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45211-	Purpose of Disbursement CONTRIB OH/06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chocola for Congress		Transaction ID: 61205.E7758 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 6728		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Bend State IN Zip Code 46660-	Purpose of Disbursement CONTRIB IN/06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. David McSweeney for Congress 2006		Transaction ID: 61205.E7769 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 890 South Rand Road		Amount of Each Disbursement this Period 2000.00
City Lake Zurich State IL Zip Code 60047-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIB IL/06	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Doolittle for Congress		Transaction ID: 61205.E7779 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 11719 Redhill Ct		Amount of Each Disbursement this Period 1000.00
City Rancho Cordova State CA Zip Code 95670-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIB CA/06	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Doolittle for Congress		Transaction ID: 61205.E7765 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 11719 Redhill Ct		Amount of Each Disbursement this Period 1000.00
City Rancho Cordova State CA Zip Code 95670-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIB CA/06	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Friends of Dave Reichert		Transaction ID: 61205.E7787 Date of Disbursement 10 / 31 / 2006
Mailing Address P.O. Box 53322		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bellevue State WA Zip Code 98015-	Purpose of Disbursement CONTRIB WA/06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Max Burns		Transaction ID: 61205.E7755 Date of Disbursement 10 / 21 / 2006
Mailing Address 6409 Abercorn Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Savannah State GA Zip Code 31405-	Purpose of Disbursement CONTRIB GA/06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Max Burns		Transaction ID: 61205.E7773 Date of Disbursement 10 / 30 / 2006
Mailing Address 6409 Abercorn Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Savannah State GA Zip Code 31405-	Purpose of Disbursement CONTRIB GA/06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Friends of Mike Sodrel		Transaction ID: 61205.E7757 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 1505		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jeffersonville	State IN Zip Code 47130-	
Purpose of Disbursement CONTRIB IN/06		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Gard for Congress		Transaction ID: 61205.E7771 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 2701 Executive Drive		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Green Bay	State WI Zip Code 54301-	
Purpose of Disbursement CONTRIB WI/06		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Geoff Davis for Congress		Transaction ID: 61205.E7781 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 17192		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ft Mitchell	State KY Zip Code 41017-	
Purpose of Disbursement CONTRIB KY/06		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Gutknecht for Congress		Transaction ID: 61205.E7785 Date of Disbursement 10 / 31 / 2006
Mailing Address 1530 Greenview Drive SW, Suite 114		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rochester State MN Zip Code 55902-	<input type="checkbox"/>	
Purpose of Disbursement CONTRIB MN/06	Category/ Type	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Jim Gerlach for Congress		Transaction ID: 61205.E7759 Date of Disbursement 10 / 24 / 2006
Mailing Address 911 Welsh Ayres Way		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Downingtown State PA Zip Code 19335-	<input type="checkbox"/>	
Purpose of Disbursement CONTRIB PA/06	Category/ Type	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Jim Ryun for Congress		Transaction ID: 61205.E7766 Date of Disbursement 10 / 27 / 2006
Mailing Address PO Box 826		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Topeka State KS Zip Code 66601-0826	<input type="checkbox"/>	
Purpose of Disbursement CONTRIB KS/06	Category/ Type	
Candidate Name	Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. John Sweeney for Congress		Transaction ID: 61205.E7783 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address PO BOX 1465		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clifton Park State NY Zip Code 12065-	Purpose of Disbursement CONTRIB NY/06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Leadership For Americas Future PAC		Transaction ID: 61205.E7778 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 228 S Washington Street #115		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mac Collins for Congress		Transaction ID: 61205.E7756 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 962		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jackson State GA Zip Code 30233-	Purpose of Disbursement CONTRIB GA/06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. McMorris for Congress		Transaction ID: 61205.E7788 Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 137		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Spokane State WA Zip Code 99210-	Purpose of Disbursement CONTRIB WA/06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Republican Party of Wisconsin		Transaction ID: 61205.E7794 Date of Disbursement 11 / 03 / 2006
Mailing Address 148 E. Johnson St .		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Madison State WI Zip Code 53703-	Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Richard Pombo for Congress		Transaction ID: 61205.E7784 Date of Disbursement 10 / 31 / 2006
Mailing Address P.O. Box 1070		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tracy State CA Zip Code 95378-	Purpose of Disbursement CONTRIB CA/06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
John Shadeggs Friends

Full Name (Last, First, Middle Initial) A. Rob Simmons for Congress		Transaction ID: 61205.E7782 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 268, Drawer 271		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stonington State CT Zip Code 06378-		
Purpose of Disbursement CONTRIB CT/06	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Roskam for Congress		Transaction ID: 61205.E7770 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 423 W Wesley		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wheaton State IL Zip Code 60187-		
Purpose of Disbursement CONTRIB IL/06	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Whalen for Congress		Transaction ID: 61205.E7774 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1030 Mound Street		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Davenport State IA Zip Code 52803-		
Purpose of Disbursement CONTRIB IA/06	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	43000.00