

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

APR 18 A 8:26

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

SCHROEDER FOR CONGRESS COMMITTEE, INC.

ADDRESS (number and street)

2000 GAYLORD ST.

Check if different than previously reported. (ACC)

DENVER

CO

80205

5622

2. FEC IDENTIFICATION NUMBER ▼

C 00008235

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on

MM / DD / YYYY

in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

01 / 01 / 2006

through

03 / 31 / 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Victoria G. Promis

Signature of Treasurer

Victoria G. Promis

Date

04 / 12 / 2006

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

26039044723

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SCHROEDER FOR CONGRESS COMMITTEE, INC.

Report Covering the Period: From:

| | | |
|----|----|------|
| MM | DD | YYYY |
| 01 | 01 | 2006 |

 To:

| | | |
|----|----|------|
| MM | DD | YYYY |
| 03 | 31 | 2006 |

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)) | | |
| (b) Total Contribution Refunds (from Line 20(d)) | | |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | | |

7. Net Operating Expenditures

| | | |
|---|---------|---------|
| (a) Total Operating Expenditures (from Line 17) | 1278.18 | 8775.60 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | | 5.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 1278.18 | 8770.60 |

8. Cash on Hand at Close of
Reporting Period (from Line 27)

73717.65

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

For further information contact:

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

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

26039044724

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

| | | |
|--|---------|----------|
| 17. OPERATING EXPENDITURES..... | 1278.18 | 8775.60 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | | |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | | |
| (b) Of All Other Loans | | |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | | |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (b) Political Party Committees..... | | |
| (c) Other Political Committees (such as PACs)..... | | |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | | |
| 21. OTHER DISBURSEMENTS | 6500.00 | 29500.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 7778.18 | 38275.60 |

III. CASH SUMMARY

| | |
|--|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 80936.73 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 559.10 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 81495.83 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 7778.18 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 73717.65 |

26039044726

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 4

11a
 12
 11b
 13a
 11c
 13b
 11d
 14
 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)

SCHROEDER FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Mountain States Bank

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
01 / 31 / 2006

Amount of Each Receipt this Period

13.55

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

B. Mountain States Bank

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
01 / 31 / 2006

Amount of Each Receipt this Period

38.55

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

C. Mountain States Bank

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
02 / 28 / 2006

Amount of Each Receipt this Period

9.16

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

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

26039044727

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 4

11a
 12
 11b
 13a
 11c
 13b
 11d
 14
 15

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NAME OF COMMITTEE (In Full)

SCHROEDER FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Mountain States Bank

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
02 / 28 / 2006

Amount of Each Receipt this Period

34.45

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

B. Mountain States Bank

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
03 / 31 / 2006

Amount of Each Receipt this Period

9.11

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

C. Mountain States Bank

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
03 / 31 / 2006

Amount of Each Receipt this Period

38.90

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

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

26039044728

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 4

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

SCHROEDER FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address

P.O. Box 5548

City

State

Zip Code

Denver, CO 80217

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
01 / 26 / 2006

Amount of Each Receipt this Period

1.07

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address

P.O. Box 5548

City

State

Zip Code

Denver, CO 80217

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
02 / 24 / 2006

Amount of Each Receipt this Period

.91

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address

P.O. Box 5548

City

State

Zip Code

Denver, CO 80217

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
03 / 23 / 2006

Amount of Each Receipt this Period

.84

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

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

26039044729

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

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 4

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCHROEDER FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. World Savings and Loan

Mailing Address

3155 E. 1st Ave.

City

State

Zip Code

Denver, CO 80206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
03 / 13 / 2006

Amount of Each Receipt this Period

315.13

Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

B. World Savings and Loan

Mailing Address

3155 E. 1st Ave.

City

State

Zip Code

Denver, CO 80206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
03 / 17 / 2006

Amount of Each Receipt this Period

21.88

Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

C. World Savings and Loan

Mailing Address

3155 E. 1st Ave.

City

State

Zip Code

Denver, CO 80206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
03 / 31 / 2006

Amount of Each Receipt this Period

75.55

Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(f)/441a-1)

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

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

559.10

26039044730

**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 1 OF 1

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)

SCHROEDER FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Mountain States Bank

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

Purpose of Disbursement

Bank Charge

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

001

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2006

Amount of Each Disbursement this Period

1.00

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

Full Name (Last, First, Middle Initial)

B. Mountain States Bank

Mailing Address

1635 E. Colfax Ave.

City

Denver, CO 80218

Purpose of Disbursement

Federal Income Tax Deposit

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

001

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2006

Amount of Each Disbursement this Period

285.79

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

Full Name (Last, First, Middle Initial)

C. USA Central Denver

Mailing Address

P.O. Box 6221

City

Denver, CO 80206

Purpose of Disbursement

Storage

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

001

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2006

Amount of Each Disbursement this Period

894.90

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

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

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

1181.69

26039044731

**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 1 OF 3 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 |

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)
SCHROEDER FOR CONGRESS COMMITTEE, INC.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Conyers for Congress | | Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 1031 N. Edgewood St. | | Amount of Each Disbursement this Period 1000.00 |
| City Arlington, VA 22201 | State Zip Code | |
| Purpose of Disbursement Contribution | Category/Type 011 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name John Conyers, Jr. | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ ECTD: 1000.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Diana DeGette for Congress | | Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 770 Grant St., #238 | | Amount of Each Disbursement this Period 1000.00 |
| City Denver, CO 80203 | State Zip Code | |
| Purpose of Disbursement Contribution | Category/Type 011 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name Diana DeGette | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ ECTD: 2000.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Friends of Tammy Duckworth | | Date of Disbursement MM / DD / YYYY 02 / 23 / 2006 |
| Mailing Address 416 W. 22nd St. | | Amount of Each Disbursement this Period 1000.00 |
| City Lombard, IL 60148 | State Zip Code | |
| Purpose of Disbursement Contribution | Category/Type 011 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name Tammy Duckworth | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6 | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ ECTD: 1000.00 | |

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

26039044732

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

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NAME OF COMMITTEE (In Full)

SCHROEDER FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Sanders for Senate

Mailing Address

P. O. Box 391

City

Burlington, VT 05402

State

Zip Code

Purpose of Disbursement

Contribution

011

Candidate Name

Bernard Sanders

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: VT

District:

ECTD: 1000.00

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

B. Sanders for Senate

Mailing Address

P. O. Box 391

City

Burlington, VT 05402

State

Zip Code

Purpose of Disbursement

Contribution

011

Candidate Name

Bernard Sanders

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: VT

District:

ECTD: 2000.00

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

C. Spitzer 2006

Mailing Address

330 Madison Ave., 19th Floor

City

New York, NY 10017

State

Zip Code

Purpose of Disbursement

Contribution

011

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

26039044733

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

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NAME OF COMMITTEE (In Full)

SCHROEDER FOR CONGRESS COMMITTEE, INC.

Full Name (Last, First, Middle Initial)

A. Women's Campaign Fund

Mailing Address

734 15th St., NW, #500

City

State

Zip Code

Washington, DC 20005

Purpose of Disbursement

Contribution

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2006

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

6500.00

26039044734

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|-------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 4/14/06 |
| <input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | Postmarked |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/> | Shipping Date |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

| | |
|---|--------------------------|
|  PREPARER | 4/18/06 DATE PREPARED |
|---|--------------------------|

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