

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Berkley For Congress

ADDRESS (number and street)

3069 Conquista Court

Check if different than previously reported. (ACC)

Las Vegas

NV

89121

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00325738

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NV

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

27

2006

through

09

30

2006

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

Type or Print Name of Treasurer

Linda L. Goldberg

Signature of Treasurer

Electronically Filed by Linda L. Goldberg

Date

10

14

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)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Berkley For Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| 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))..... | 112040.02 | 1574043.88 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 110.00 | 210.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 111930.02 | 1573833.88 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 113076.38 | 897895.22 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 8399.59 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 113076.38 | 889495.63 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1151894.09 | |
| 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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Berkley For Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

30925.06

1056740.06

(ii) Unitemized.....

6594.96

56537.26

(iii) TOTAL of contributions

37520.02

1113277.32

from individuals..... ▶

0.00

95.56

(b) Political Party Committees.....

74520.00

460671.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)

112040.02

1574043.88

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

8399.59

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

9583.27

56521.29

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

121623.29

1638964.76

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

| | | |
|--|-----------|------------|
| 17. OPERATING EXPENDITURES..... | 113076.38 | 897895.22 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 110.00 | 210.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 110.00 | 210.00 |
| 21. OTHER DISBURSEMENTS..... | 188839.00 | 300939.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 302025.38 | 1199044.22 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1332296.18 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 121623.29 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1453919.47 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 302025.38 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1151894.09 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Nancy L. Alf

Mailing Address 8713 Castle Ridge Avenue

City State Zip Code
Las Vegas NV 89129-7679

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

Name of Employer Occupation
Parsons Behle & Latimer Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 429.96

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2006

Transaction ID: C777783

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Nancy L. Alf

Mailing Address 8713 Castle Ridge Avenue

City State Zip Code
Las Vegas NV 89129-7679

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

Name of Employer Occupation
Parsons Behle & Latimer Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 429.96

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2006

Transaction ID: C784415

Amount of Each Receipt this Period
179.96

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

* In-Kind: Banquet

C. Full Name (Last, First, Middle Initial)
George D. Baker

Mailing Address 1155 21st Street, NW, Ste 300

City State Zip Code
Washington DC 20036-3308

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

Name of Employer Occupation
Williams & Jensen Attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: C838639

Amount of Each Receipt this Period
500.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 829.96 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Leslie Caspi | | Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 |
| Mailing Address 5903 Overlake Avenue | | Transaction ID: C784412 |
| City State Zip Code San Diego CA 92120 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self Occupation Homemaker | Election Cycle-to-Date 250.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Nicholas G. Cavarocchi | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 316 Pennsylvania Avenue SE, Suite | | Transaction ID: C838593 |
| City State Zip Code Washington DC 20003 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Cavarocchi Ruscio Dennis Associates Occupation Partner | Election Cycle-to-Date 2500.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Walton M. Chalmers, II | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 1807 California Street, NW, Apt 30 | | Transaction ID: C850258 |
| City State Zip Code Washington DC 20009 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer American Gaming Association Occupation Vice President | Election Cycle-to-Date 1250.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 84 |
| | <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)
Berkley For Congress

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

Mailing Address P. O. Box 10376

City State Zip Code
Reno NV 89510

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

Name of Employer Occupation
Clark & Sullivan Contract- Executive/Partner
ors, Inc.

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: C806813

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mary Conelly

Mailing Address 1710 Southview Drive

City State Zip Code
Sparks NV 89436

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

Name of Employer Occupation
U.S. Senator Harry Reid State Director

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

2021.72

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2006

Transaction ID: C784419

Amount of Each Receipt this Period
2021.72

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

* In-Kind: Banquet

C. Full Name (Last, First, Middle Initial)
James T. Endres

Mailing Address 100 West Liberty Street 10th Floor

City State Zip Code
Reno NV 89505

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

Name of Employer Occupation
McDonald-Carano-Wilson Attorney

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2006

Transaction ID: C791111

Amount of Each Receipt this Period
500.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3521.72 |
| 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 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Kathleen J. England

Mailing Address 10399 Starthistle Lane

City State Zip Code
Las Vegas NV 89135

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

Name of Employer Self Occupation
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 429.96

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2006

Transaction ID: C784416

Amount of Each Receipt this Period
179.96

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

* In-Kind: Banquet

B. Full Name (Last, First, Middle Initial)
Elena Feldman

Mailing Address 6302 La Jolla Scenic Drive S.

City State Zip Code
La Jolla CA 92037

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

Name of Employer Self Occupation
Housewife

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2006

Transaction ID: C784403

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mark F. Fierro

Mailing Address 803 S. 6th Street

City State Zip Code
Las Vegas NV 89101

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

Name of Employer President Occupation
Fierro & Assoc.

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2006

Transaction ID: C793609

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **679.96**

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 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Jan Fisher

Mailing Address 3549 Blackstone

City State Zip Code
Las Vegas NV 89121

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

Name of Employer Occupation
Card Player Cruises Partner

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: C838617

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Fred D. Gibson

Mailing Address 3204 Plaza De Rafael

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Occupation
Self Retired

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

2200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 05 / 2006

Transaction ID: C838011

Amount of Each Receipt this Period
2200.00

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

C. Full Name (Last, First, Middle Initial)
Herschel H. Gordon

Mailing Address 1770 N. Buffalo Drive, Suite 101

City State Zip Code
Las Vegas NV 89128

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

Name of Employer Occupation
Laurich Properties Owner

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: C853097

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5200.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Honorine Gordon

Mailing Address 9517 Verlaine Court

City State Zip Code
Las Vegas NV 89145

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

Name of Employer Self Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: C853099

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Oshin Harootonian

Mailing Address 17706 Orana Dr.

City State Zip Code
Granada Hills CA 91344-1332

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

Name of Employer Primex Clinical Laboratories, Inc. Occupation CEO/President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2006

Transaction ID: C805519

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Laurence E. Harris

Mailing Address 10009 Chartwell Manor Court

City State Zip Code
Potomac MD 20854

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

Name of Employer Patton Boggs LLP Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: C777419

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Brent Heberlee | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 |
| Mailing Address 175 E. Houston Room 4-J-01 | | Transaction ID: C853730 |
| City State Zip Code San Antonio TX 78205 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer SBC Telecommunications Occupation PAC Manager | Election Cycle-to-Date 250.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Kristina S. Hoepfner | | Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006 |
| Mailing Address 4347 Garland Court | | Transaction ID: C777795 |
| City State Zip Code Las Vegas NV 89121 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Kristina S. Holman Attorney at Law Occupation Attorney | Election Cycle-to-Date 225.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Kristina S. Hoepfner | | Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006 |
| Mailing Address 4347 Garland Court | | Transaction ID: C783869 |
| City State Zip Code Las Vegas NV 89121 | Amount of Each Receipt this Period 125.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Kristina S. Holman Attorney at Law Occupation Attorney | Election Cycle-to-Date 225.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 475.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Dorothy R. Jackson | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 1504 Red Oak Drive | | Transaction ID: C838598 |
| City State Zip Code Silver Spring MD 20910-1549 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer American Gaming Association | Occupation Government Affairs | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ann L. Jaffe | | Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 |
| Mailing Address 8646 Ruelle Monte Carlo | | Transaction ID: C784404 |
| City State Zip Code La Jolla CA 92037 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Self | Occupation Homemaker | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mary Jane Jarvis | | Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006 |
| Mailing Address 401 South Sixth Street | | Transaction ID: C783872 |
| City State Zip Code Las Vegas NV 89101 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Andre's French Restaurant | Occupation Restaurateur | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Linda J. Johnson | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 3045 Yankee Clipper | | Transaction ID: C838618 |
| City State Zip Code Las Vegas NV 89117 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Card Player Cruises Partner | Election Cycle-to-Date 2000.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Carter R King | | Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 |
| Mailing Address 524 Holcomb Avenue | | Transaction ID: C784396 |
| City State Zip Code Reno NV 89502 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Self Attorney | Election Cycle-to-Date 250.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Dorothy Lemelson | | Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006 |
| Mailing Address Post Office Box 5076 | | Transaction ID: C777420 |
| City State Zip Code Incline Village NV 89450 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation Self Designer | Election Cycle-to-Date 1000.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 3250.00 |
| 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 14 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Irma B. Levinson

Mailing Address 3111 Bel Air Drive, Apt 16-H

City State Zip Code
Las Vegas NV 89109

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

Name of Employer Self Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: C784405

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Susanne B. Longson

Mailing Address 8535 W. Rosada Way

City State Zip Code
Las Vegas NV 89149

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

Name of Employer Sonepco Federal Credit Union Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2006

Transaction ID: C805787

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Andrew E. Manatos

Mailing Address 601 13th Street, NW, Suite 1150 S

City State Zip Code
Washington DC 20005

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

Name of Employer Manatos & Manatos Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2006

Transaction ID: C838594

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
George Mariscal

Mailing Address 2112 Los Altos St.

City State Zip Code
Las Vegas NV 89102

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

Name of Employer Occupation
Flamingo Realty Inc. Real Estate Sales

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2006

Transaction ID: C793612

Amount of Each Receipt this Period
125.00

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

B. Full Name (Last, First, Middle Initial)
William E. Martin

Mailing Address 2336 Villandry Court

City State Zip Code
Henderson NV 89014

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

Name of Employer Occupation
Nevada State Bank Chairman, President & CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: C806814

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mary-Ellen McMullen

Mailing Address 4215 Longknife Road

City State Zip Code
Reno NV 89509

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

Name of Employer Occupation
Self Consultant

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

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2006

Transaction ID: C784397

Amount of Each Receipt this Period
250.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2375.00 |
| 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 / 84 |
| | <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)
Berkley For Congress

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Gillian Moss | | Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 | |
| Mailing Address 6810 Via Valverde | | Transaction ID: C784406 | |
| City State Zip Code La Jolla CA 92037 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Self Occupation Homemaker | Election Cycle-to-Date ▼ 250.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Alan Nevin | | Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006 | |
| Mailing Address 8246 Caminito Lacayo | | Transaction ID: C784407 | |
| City State Zip Code La Jolla CA 92037 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Self Occupation Economist | Election Cycle-to-Date ▼ 250.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Gilbert K. Niimi | | Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006 | |
| Mailing Address 260 Westwind Road | | Transaction ID: C805798 | |
| City State Zip Code Henderson NV 89074 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Silver State Schools Credit Union Occupation Executive Vice President | Election Cycle-to-Date ▼ 300.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 600.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. John D. O'Brien | | Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006 |
| Mailing Address 3325 Plaza Del Paz | | Transaction ID: C791123 |
| City State Zip Code Las Vegas NV 89102 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer John D. O'Brien, Ltd. | Occupation Attorney | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Judy L. Patterson | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 5303 Burling Terrace | | Transaction ID: C850256 |
| City State Zip Code Bethesda MD 20814 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Self | Occupation Homemaker | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Dan C. Paulson | | Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006 |
| Mailing Address 3111 Bel Air Drive 25-G | | Transaction ID: C805800 |
| City State Zip Code Las Vegas NV 89109 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Weststar Credit Union | Occupation President & CEO | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 455.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| TOTAL This Period (last page this line number only) | (Empty box) |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
J. Alan Pughes

Mailing Address 2428 Tour Edition Drive

City Henderson State NV Zip Code 89074

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

Name of Employer: Community One Federal Credit Union
Occupation: President & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: C805801

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Gary K. Ravet

Mailing Address 1441 Cottontail Lane

City La Jolla State CA Zip Code 92037

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

Name of Employer: Promark
Occupation: Chief Executive Officer

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
08 / 17 / 2006

Transaction ID: C784408

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Dave Rhamy

Mailing Address 2462 Ram Crossing Way

City Henderson State NV Zip Code 89014

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

Name of Employer: Silver State Schools Credit Union
Occupation: CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2006

Transaction ID: C805802

Amount of Each Receipt this Period
200.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 550.00 |
| 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 19 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Bruce A. Rodela

Mailing Address 3482 Lisbon Court

City Sparks State NV Zip Code 89436

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

Name of Employer Washoe Credit Union Occupation President & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 01 / 2006

Transaction ID: C805804

Amount of Each Receipt this Period
 50.00

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

B. Full Name (Last, First, Middle Initial)
Domenic Ruscio

Mailing Address 316 Pennsylvania Avenue, SE Suite

City Washington State DC Zip Code 20003

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

Name of Employer Cavarocchi Ruscio Dennis Occupation Political Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2006

Transaction ID: C838590

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Joseph Shayfar

Mailing Address 14250 Ventura Blvd.

City Sherman Oaks State CA Zip Code 91423

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

Name of Employer Schaefer Financial Services, Inc. Occupation Executive Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2006

Transaction ID: C791125

Amount of Each Receipt this Period
 250.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 800.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Robert J. Shillman

Mailing Address PO Box 676267

City Rancho Santa Fe State CA Zip Code 92067

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

Name of Employer Cognex Corporation Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2006

Transaction ID: C784413

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Ara Shirinian

Mailing Address 10651 Capesthorne Way

City Las Vegas State NV Zip Code 89135

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

Name of Employer Ara Shirinian Mediation Occupation Mediator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 593.40

Date of Receipt
MM / DD / YYYY
08 / 31 / 2006

Transaction ID: C802393

Amount of Each Receipt this Period
593.40

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

* In-Kind: Food & Beverage

C. Full Name (Last, First, Middle Initial)
Estelle Silverstein

Mailing Address 1765 El Camino Del Teatro

City La Jolla State CA Zip Code 92037-6341

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

Name of Employer Self Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: C802364

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1843.40**

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 21 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Babak Siminou

Mailing Address 15720 Ventura Blvd. #612

City Encino State CA Zip Code 91436

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

Name of Employer Schaefer Financial Services Occupation Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C791127

Amount of Each Receipt this Period
 250.00

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

B. Full Name (Last, First, Middle Initial)
Gloria J. Sturman

Mailing Address 2941 Red Springs Drive

City Las Vegas State NV Zip Code 89135-1524

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

Name of Employer Edwards & Halé Ltd Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 655.02

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: C784417

Amount of Each Receipt this Period
 179.96

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

* In-Kind: Banquet

C. Full Name (Last, First, Middle Initial)
Gloria J. Sturman

Mailing Address 2941 Red Springs Drive

City Las Vegas State NV Zip Code 89135-1524

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

Name of Employer Edwards & Halé Ltd Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 655.02

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

Transaction ID: C791133

Amount of Each Receipt this Period
 150.00

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

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 579.96 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 84 |
| | <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)
Berkley For Congress

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Gloria J. Sturman | | Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006 | |
| Mailing Address 2941 Red Springs Drive | | Transaction ID: C791134 | |
| City State Zip Code Las Vegas NV 89135-1524 | Amount of Each Receipt this Period 20.06 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation Edwards & Halé Ltd Attorney | Election Cycle-to-Date 655.02 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mark Tenner | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 | |
| Mailing Address 121 Quail Run Road | | Transaction ID: C838615 | |
| City State Zip Code Henderson NV 89014 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation Card Player Cruises Partner | Election Cycle-to-Date 2000.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Wayne Tew | | Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006 | |
| Mailing Address 7788 Willow Cove Circle | | Transaction ID: C805806 | |
| City State Zip Code Las Vegas NV 89129 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation Clark County Credit Union Banking | Election Cycle-to-Date 300.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2120.06 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Alan R. Viterbi

Mailing Address 4650 Rancho Del Mar Trail

City San Diego State CA Zip Code 92130

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

Name of Employer Liquid Environmental Solutions Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2006

Transaction ID: C784410

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Andrew Viterbi

Mailing Address 2712 Glennick Place

City La Jolla State CA Zip Code 92037

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

Name of Employer Viterbi Group, LLC Occupation President

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
08 / 17 / 2006

Transaction ID: C784411

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Jeffrey Wills

Mailing Address 1617 Palo Verde Drive

City El Reno State OK Zip Code 73036

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

Name of Employer Self Occupation Financial Advisor

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
09 / 05 / 2006

Transaction ID: C807818

Amount of Each Receipt this Period
250.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Stephanie J. Youngblood | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006 |
| Mailing Address 500 S. Rancho, Suite 9 | | Transaction ID: C793613 |
| City State Zip Code Las Vegas NV 89106-4844 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Self Occupation Chiropractor | Election Cycle-to-Date ▼ 500.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Ball Janik LLP | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 101 Southwest Main Street, Suite 1 | | Transaction ID: C838645 |
| City State Zip Code Portland OR 97204 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Election Cycle-to-Date ▼ 1000.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PARTNERSHIP--partners below if itemized | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. M. Victoria Cram | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 11000 Dobbins Drive | | Transaction ID: C838646 |
| City State Zip Code Potomac MD 20854 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Ball Janik LLP Occupation Government Relations Consultant | Election Cycle-to-Date ▼ 500.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | 30925.06 |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Aircraft Owners & Pilots Association PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 601 Pennsylvania Ave, NW, Ste 875 | | Transaction ID: C838624 |
| City State Zip Code Washington DC 20004 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C C00131185 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Election Cycle-to-Date ▼ 10000.00 | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. American Bankers Association - ABA Bank PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006 |
| Mailing Address 1120 Connecticut Avenue, NW | | Transaction ID: C806811 |
| City State Zip Code Washington DC 20036 | Amount of Each Receipt this Period 4000.00 | |
| FEC ID number of contributing federal political committee. C C00004275 | <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 ▼ 5000.00 | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. American Federation of Teachers AFL-CIO Committee on Political Education | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 555 New Jersey Avenue, NW | | Transaction ID: C838642 |
| City State Zip Code Washington DC 20001 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00028860 | <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 ▼ 3000.00 | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 10000.00 |
| 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 26 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Berkley For Congress

Full Name (Last, First, Middle Initial)
A. American Health Care Association PAC AHCA PAC
 Mailing Address 1201 L Street NW
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C** C00006080
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2006
Transaction ID: C850259
 Amount of Each Receipt this Period
 4000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. American Physical Therapy Association PT-PAC
 Mailing Address 1111 North Fairfax Street
 City State Zip Code
 Alexandria VA 22314-1488
 FEC ID number of contributing federal political committee. **C** C00012880
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2006
Transaction ID: C838623
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. American Society of Anesthesiologists ASA PAC
 Mailing Address 1101 Vermont Avenue, NW, Ste 606
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C** C00255752
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2006
Transaction ID: C838650
 Amount of Each Receipt this Period
 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **7000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Anheuser Busch Companies ABPAC | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006 |
| Mailing Address One Busch Place | | Transaction ID: C853094 |
| City State Zip Code Saint Louis MO 63118 | FEC ID number of contributing federal political committee. C C00034488 | Amount of Each Receipt this Period 2000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Association of Flight Attendants Political Action Committee Flight PAC | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 1275 K Street, NW, 5th Floor | | Transaction ID: C850268 |
| City State Zip Code Washington DC 20005 | FEC ID number of contributing federal political committee. C C00151811 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Barrick Goldstrike Mines Inc USA Employees' Politi | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006 |
| Mailing Address P. O. Box 29 | | Transaction ID: C838638 |
| City State Zip Code Elko NV 89801 | FEC ID number of contributing federal political committee. C C00320580 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 6500.00 | |

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

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Boilermakers - Blacksmiths Legislative Education Action Program | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 2722 Merrilee Drive, #360 | | Transaction ID: C850264 |
| City State Zip Code Fairfax VA 22031-4400 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00005157 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Election Cycle-to-Date 1000.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Receipt this Period 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Burlington Northern Santa Fe BNSF Rail PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address PO Box 961039, Suite 220 | | Transaction ID: C838635 |
| City State Zip Code Ft. Worth TX 76161-0039 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00235739 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Election Cycle-to-Date 3000.00 | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Receipt this Period 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. California Portland Cement Company | | Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006 |
| Mailing Address 2025 E. Financial Way, Suite 200 | | Transaction ID: C777604 |
| City State Zip Code Glendora CA 91741 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00389429 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Election Cycle-to-Date 1000.00 | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Receipt this Period 1000.00 | |

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Committee on Letter Carriers Political Education

Mailing Address 100 Indiana Avenue, NW

City Washington State DC Zip Code 20001-2144

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: C850262

Amount of Each Receipt this Period
 2000.00

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

B. Full Name (Last, First, Middle Initial)
Consumer Electronics Association

Mailing Address 2500 Wilson Boulevard

City Arlington State VA Zip Code 22201-3834

FEC ID number of contributing federal political committee. **C** C00375048

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: C850265

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Credit Suisse Securities (USA) LLC

Mailing Address 1155 21st Street NW, Ste 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00111559

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: C838652

Amount of Each Receipt this Period
 2500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Dealers Election Action Committee of the National Automobile Dealers Association NADA | | Date of Receipt MM / DD / YYYY 09 / 05 / 2006 |
| Mailing Address 8400 Westpark Drive | | Transaction ID: C806815 |
| City State Zip Code McLean VA 22102 | FEC ID number of contributing federal political committee. C C00040998 | Amount of Each Receipt this Period 5000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 10000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Glass Molders Pottery Plastics & Allied Workers International Union | | Date of Receipt MM / DD / YYYY 09 / 30 / 2006 |
| Mailing Address 608 E. Baltimore Pike PO Box 607 | | Transaction ID: C838644 |
| City State Zip Code Media PA 19063 | FEC ID number of contributing federal political committee. C C00011189 | Amount of Each Receipt this Period 500.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Household International Inc & Subsidiary Companies PAC (Household PAC) | | Date of Receipt MM / DD / YYYY 09 / 30 / 2006 |
| Mailing Address 2700 Sanders Road | | Transaction ID: C838633 |
| City State Zip Code Prospect Heights IL 60070 | FEC ID number of contributing federal political committee. C C00033423 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 6500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Human Rights Campaign PAC

Mailing Address 1640 Rhode Island Avenue, NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00235853

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
09 / 30 / 2006

Transaction ID: C838625

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
International Association of Fire Fighters Interested in Registration & Education PAC

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00029447

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
09 / 30 / 2006

Transaction ID: C850246

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
International Cemetery & Funeral Association ICFA

Mailing Address 107 Carpenter Drive, Suite 107

City State Zip Code
Sterling VA 20164

FEC ID number of contributing federal political committee. **C** C00385195

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: C838649

Amount of Each Receipt this Period
1000.00

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 32 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Laborers' Political League - Laborers' Internation

Mailing Address 905 16th Street, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: C777607

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
MINEPAC, A PAC of the National Mining Association

Mailing Address 101 Constitution Avenue, NW, Ste 5

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00304634

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: C838626

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
NAPUS PAC For Postmasters - National Association o

Mailing Address 8 Herbert Street

City State Zip Code
Alexandria VA 22305-2600

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2006

Transaction ID: C850267

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5000.00 |
| 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 33 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Association Political Action Committee NATCA PAC
 Mailing Address 1325 Massachusetts Ave, NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00238725
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2006
Transaction ID: C838637
 Amount of Each Receipt this Period
 4000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Association of Real Estate Investment Tru
 Mailing Address 1875 Eye Street, NW, Suite 600
 City Washington State DC Zip Code 20006-5413
 FEC ID number of contributing federal political committee. **C** C00182022
 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
 09 / 30 / 2006
Transaction ID: C850248
 Amount of Each Receipt this Period
 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Association of REALTORS PAC
 Mailing Address 700 11th Street, NW
 City Washington State DC Zip Code 20001-4507
 FEC ID number of contributing federal political committee. **C** C00030718
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 11 / 2006
Transaction ID: C777674
 Amount of Each Receipt this Period
 4500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **10500.00**
TOTAL This Period (last page this line number only) ►

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 84 |
| | <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)
Berkley For Congress

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. National Beer Wholesalers Association PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 | |
| Mailing Address 1100 S. Washington Street | | Transaction ID: C850245 | |
| City State Zip Code Alexandria VA 22314 | Amount of Each Receipt this Period 5000.00 | | |
| FEC ID number of contributing federal political committee. C C00144766 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | | |
| Name of Employer Occupation | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Election Cycle-to-Date ▼ 10000.00 | | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. National Organization for Women NOW PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 | |
| Mailing Address 1100 H Street, 3rd Floor, NW | | Transaction ID: C838631 | |
| City State Zip Code Washington DC 20005 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C C00092247 | <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 ▼ 500.00 | | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. Newmont Mining Corporation PAC NEWPAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 | |
| Mailing Address 1700 Lincoln Street | | Transaction ID: C850250 | |
| City State Zip Code Denver CO 80203 | Amount of Each Receipt this Period 2000.00 | | |
| FEC ID number of contributing federal political committee. C C00206672 | <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 ▼ 4000.00 | | | |

| | |
|--|---------|
| 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 35 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Seafarers International Union of North America | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 815 16th Street NW | | Transaction ID: C838647 |
| City State Zip Code Washington DC 20006 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00004325 | | <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 ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Sierra Club PAC | | Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006 |
| Mailing Address 408 C Street, NE | | Transaction ID: C850294 |
| City State Zip Code Washington DC 20002-5818 | Amount of Each Receipt this Period 10.00 | |
| FEC ID number of contributing federal political committee. C C00135368 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 20.00 | |

* In-Kind: Website endorsement

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Sierra Club PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 |
| Mailing Address 408 C Street, NE | | Transaction ID: C850295 |
| City State Zip Code Washington DC 20002-5818 | Amount of Each Receipt this Period 10.00 | |
| FEC ID number of contributing federal political committee. C C00135368 | | <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 ▼ 20.00 | |

* In-Kind: Website endorsement

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 520.00 |
| 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 36 / 84 |
| | <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Sierra Health Services PAC (SHSPAC)

Mailing Address PO Box 15645

City State Zip Code
Las Vegas NV 89114-5645

FEC ID number of contributing federal political committee. **C** C00295360

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: C850263

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Society of Interventional Radiology

Mailing Address 3975 Fair Ridge Drive Suite 400 No

City State Zip Code
Fairfax VA 22033

FEC ID number of contributing federal political committee. **C** C00408435

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: C838622

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Transportation Trades Department AFL-CIO PAC TTD-PAC

Mailing Address 888 16th Street, NW, Suite 650

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00280909

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
09 / 30 / 2006

Transaction ID: C838632

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 84 |
| | <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)
Berkley For Congress

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Union Pacific Corp. Fund For Effective Government | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 600 13th Street, NW, Suite 340 | | Transaction ID: C838634 |
| City State Zip Code Washington DC 20005 | Amount of Each Receipt this Period 5000.00 | |
| FEC ID number of contributing federal political committee. C C00010470 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 10000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. United Auto Workers UAW V CAP (UAW Voluntary Commu | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 1757 N Street NW | | Transaction ID: C838628 |
| City State Zip Code Washington DC 20036 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00002840 | | <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 ▼ 7000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. United Parcel Service UPS PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address 316 Pennsylvania Avenue, Se | | Transaction ID: C838636 |
| City State Zip Code Washington DC 20003 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00064766 | | <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 ▼ 5000.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 84 |
| | <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)
Berkley For Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. United Parcel Service UPS PAC | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 | |
| Mailing Address 316 Pennsylvania Avenue, Se | | Transaction ID: C850260 | |
| City State Zip Code Washington DC 20003 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C C00064766 | | <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 ▼ 5000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Wachovia Corporation Employees Good Govt Fed Fund | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 | |
| Mailing Address 301 South College Street Attention: Brenda Bradley | | Transaction ID: C853095 | |
| City State Zip Code Charlotte NC 28288-0630 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00012518 | | <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 ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Weyerhaeuser Company/Pardee Homes PAC The Takoma | | Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006 | |
| Mailing Address 1100 Connecticut Avenue NW #530 | | Transaction ID: C770905 | |
| City State Zip Code Washington DC 20036 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00007948 | | <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 ▼ 3000.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | 74520.00 |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 / 84 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
Bank of Nevada

Mailing Address P. O. Box 26237

City State Zip Code
Las Vegas NV 89195-2843

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
56521.29

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: C776703

Amount of Each Receipt this Period
653.69

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

* Interest income

B. Full Name (Last, First, Middle Initial)
Bank of Nevada

Mailing Address P. O. Box 26237

City State Zip Code
Las Vegas NV 89195-2843

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
56521.29

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 19 / 2006

Transaction ID: C816347

Amount of Each Receipt this Period
1610.83

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

* Interest income

C. Full Name (Last, First, Middle Initial)
Bank of Nevada

Mailing Address P. O. Box 26237

City State Zip Code
Las Vegas NV 89195-2843

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
56521.29

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 19 / 2006

Transaction ID: C816349

Amount of Each Receipt this Period
2033.51

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

* Interest income

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4298.03 |
| 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 40 / 84 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Berkley For Congress

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) A. Bank of Nevada | | Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006 | |
| Mailing Address P. O. Box 26237 | | Transaction ID: C807817 | |
| City Las Vegas | State NV | Zip Code 89195-2843 | Amount of Each Receipt this Period 247.63 |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 56521.29 | |

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

| | | | |
|---|-------------|--|---|
| Full Name (Last, First, Middle Initial) B. Bank of Nevada | | Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006 | |
| Mailing Address P. O. Box 26237 | | Transaction ID: C816348 | |
| City Las Vegas | State NV | Zip Code 89195-2843 | Amount of Each Receipt this Period 2099.22 |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 56521.29 | |

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

| | | | |
|---|-------------|--|---|
| Full Name (Last, First, Middle Initial) C. Bank of Nevada | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 | |
| Mailing Address P. O. Box 26237 | | Transaction ID: C853592 | |
| City Las Vegas | State NV | Zip Code 89195-2843 | Amount of Each Receipt this Period 70.10 |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 56521.29 | |

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

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2416.95 |
| 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 41 / 84 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Berkley For Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Bank of Nevada | | Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006 |
| Mailing Address P. O. Box 26237 | | Transaction ID: C853593 |
| City State Zip Code Las Vegas NV 89195-2843 | Amount of Each Receipt this Period 2393.16 | |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 56521.29 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Interest income |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Bank of Nevada | | Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 |
| Mailing Address P. O. Box 26237 | | Transaction ID: C853594 |
| City State Zip Code Las Vegas NV 89195-2843 | Amount of Each Receipt this Period 475.13 | |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 56521.29 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Interest income |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2868.29 |
| TOTAL This Period (last page this line number only) | 9583.27 |

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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. ACLU | | Transaction ID: D67614 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 1700 E. Desert Inn Road Suite 113 | | Amount of Each Disbursement this Period 150.00 |
| City Las Vegas State NV Zip Code 89102 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Banquets | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: D67653 Date of Disbursement 08 / 07 / 2006 |
| Mailing Address 65 Broadway Lobby | | Amount of Each Disbursement this Period 38.94 |
| City New York State NY Zip Code 10006 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Credit Card Services | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: D67689 Date of Disbursement 09 / 05 / 2006 |
| Mailing Address 65 Broadway Lobby | | Amount of Each Disbursement this Period 11.06 |
| City New York State NY Zip Code 10006 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Credit Card Services | 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) ▶ | 200.00 |
| 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)

PAGE 43 / 84

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Berkley For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Ashanti F Gholar | | Transaction ID: D67753 Date of Disbursement 09 / 15 / 2006 |
| Mailing Address 6945 Willow Warbler Street | | Amount of Each Disbursement this Period 3004.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City N Las Vegas State NV Zip Code 89084 | | |
| Purpose of Disbursement Field Director | 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. Ashanti F Gholar | | Transaction ID: D67672 Date of Disbursement 08 / 15 / 2006 |
| Mailing Address 6945 Willow Warbler Street | | Amount of Each Disbursement this Period 3004.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City N Las Vegas State NV Zip Code 89084 | | |
| Purpose of Disbursement Field Director | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. AT & T | | Transaction ID: D67654 Date of Disbursement 08 / 08 / 2006 |
| Mailing Address P.O. Box 78522 | | Amount of Each Disbursement this Period 34.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85062-8522 | | |
| Purpose of Disbursement Phones-Charges | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6043.44 |
| 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)
Berkley For Congress

| | | |
|---|--|---|
| A. AT & T Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 78522 City Phoenix State AZ Zip Code 85062-8522 Purpose of Disbursement Phones-Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D67655 Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 133.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|--|--|--|
| B. AT & T Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 78522 City Phoenix State AZ Zip Code 85062-8522 Purpose of Disbursement Phone charges 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) ▼ | | Transaction ID: D67725 Date of Disbursement 09 / 11 / 2006 Amount of Each Disbursement this Period 66.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|---|--|--|
| C. AT & T Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 78522 City Phoenix State AZ Zip Code 85062-8522 Purpose of Disbursement Phones-Charges 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) ▼ | | Transaction ID: D67726 Date of Disbursement 09 / 11 / 2006 Amount of Each Disbursement this Period 34.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 234.90 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Automated Mailing Services | | Transaction ID: D67608 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6 |
| Mailing Address 3111 S. Valley View Blvd. Ste C-10 | | Amount of Each Disbursement this Period 1231.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Las Vegas State NV Zip Code 89102 | Purpose of Disbursement Printing, Postage & Handling Candidate Name <input type="checkbox"/> Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bank of Nevada | | Transaction ID: D67609 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 40.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Las Vegas State NV Zip Code 89195-2843 | Purpose of Disbursement Credit Card Services Candidate Name <input type="checkbox"/> Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Bank of Nevada | | Transaction ID: D67610 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 4.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Las Vegas State NV Zip Code 89195-2843 | Purpose of Disbursement Bank Charges Candidate Name <input type="checkbox"/> Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1276.05 |
| 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 46 / 84

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bank of Nevada | | Transaction ID: D67651 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 11.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Las Vegas State NV Zip Code 89195-2843 | Purpose of Disbursement Credit Card Services Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bank of Nevada | | Transaction ID: D67667 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 71.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Las Vegas State NV Zip Code 89195-2843 | Purpose of Disbursement Credit Card Services Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bank of Nevada | | Transaction ID: D67669 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 51.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Las Vegas State NV Zip Code 89195-2843 | Purpose of Disbursement Payroll Expenses Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 133.76 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 84

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bank of Nevada | | Transaction ID: D67670 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 923.41 |
| City Las Vegas State NV Zip Code 89195-2843 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bank of Nevada | | Transaction ID: D67730 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 1500.00 |
| City Las Vegas State NV Zip Code 89195-2843 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement License & Other Taxes 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. Bank of Nevada | | Transaction ID: D67734 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 1595.80 |
| City Las Vegas State NV Zip Code 89195-2843 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4019.21 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 84

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bank of Nevada | | Transaction ID: D67735 Date of Disbursement 09 / 15 / 2006 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 51.00 |
| City Las Vegas State NV Zip Code 89195-2843 | Purpose of Disbursement Payroll Expenses 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) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bank of Nevada | | Transaction ID: D67690 Date of Disbursement 09 / 05 / 2006 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 33.33 |
| City Las Vegas State NV Zip Code 89195-2843 | Purpose of Disbursement Credit Card Services 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) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bank of Nevada | | Transaction ID: D67692 Date of Disbursement 09 / 06 / 2006 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 10.50 |
| City Las Vegas State NV Zip Code 89195-2843 | Purpose of Disbursement Credit Card Services 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) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 94.83 |
| 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)
Berkley For Congress

| | | |
|---|--|---|
| A. Berkley, Dee Harrison Full Name (Last, First, Middle Initial) Mailing Address 2944 Dove Run Creek Drive City Las Vegas State NV Zip Code 89135 Purpose of Disbursement Campaign Materials 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) ▼ | | Transaction ID: D67691 Date of Disbursement 09 / 06 / 2006 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|---|
| B. CAAN Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 364334 City North Las Vegas State NV Zip Code 89036-8334 Purpose of Disbursement Office Events/Dinners 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) ▼ | | Transaction ID: D67740 Date of Disbursement 09 / 22 / 2006 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

| | | |
|---|--|--|
| C. Chef John Gremo - UNLV Full Name (Last, First, Middle Initial) Mailing Address 6981 Trio Way City Las Vegas State NV Zip Code 89119 Purpose of Disbursement Food, Beverage & Catering 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) ▼ | | Transaction ID: D67681 Date of Disbursement 08 / 25 / 2006 Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4350.00 |
| 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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Cherry, David | | Transaction ID: D67678 Date of Disbursement 08 / 18 / 2006 |
| Mailing Address 1230 C Street SW #1 | | Amount of Each Disbursement this Period 4000.00 |
| 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 Press Secretary 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. Cingular Wireless | | Transaction ID: D67602 Date of Disbursement 07 / 27 / 2006 |
| Mailing Address P. O. Box 8229 | | Amount of Each Disbursement this Period 46.00 |
| City Aurora State IL Zip Code 60572-8229 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Phones-Charges Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Cingular Wireless | | Transaction ID: D67743 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address P. O. Box 8229 | | Amount of Each Disbursement this Period 21.72 |
| City Aurora State IL Zip Code 60572-8229 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Phones-Charges 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) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4067.72 |
| 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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Clark County Democratic Party | | Transaction ID: D67665 Date of Disbursement 08 / 10 / 2006 |
| Mailing Address 1785 E. Sahara Ave. | | Amount of Each Disbursement this Period 2000.00 |
| City Las Vegas State NV Zip Code 89104 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Banquets | 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. Mrs. Mary Conelly | | Transaction ID: D65301 Date of Disbursement 08 / 17 / 2006 |
| Mailing Address 1710 Southview Drive | | Amount of Each Disbursement this Period 2021.72 |
| City Sparks State NV Zip Code 89436 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Banquet | 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) ▼ | |

* in-kind received

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Corporate Management Services | | Transaction ID: D67612 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 3069 Conquista Court | | Amount of Each Disbursement this Period 2200.00 |
| City Las Vegas State NV Zip Code 89121 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Accounting Services | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 6221.72 |
| 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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Corporate Management Services | | Transaction ID: D67727 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 |
| Mailing Address 3069 Conquista Court | | Amount of Each Disbursement this Period 1750.00 |
| City Las Vegas State NV Zip Code 89121 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Accounting Services 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. Daryl Levine | | Transaction ID: D67676 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 |
| Mailing Address 6228 E. Owens | | Amount of Each Disbursement this Period 1000.00 |
| City Las Vegas State NV Zip Code 89110 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Community Activities 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. Delta Airlines | | Transaction ID: D67749 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6 |
| Mailing Address P. O. Box 20706 | | Amount of Each Disbursement this Period 200.00 |
| City Atlanta State GA Zip Code 30320 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Travel Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2950.00 |
| 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)
Berkley For Congress

| | | |
|--|--|--|
| A. Embarq Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 79133 City Phoenix State AZ Zip Code 85062-9133 Purpose of Disbursement Phones-Charges 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) ▼ | | Transaction ID: D67724 Date of Disbursement 09 / 11 / 2006 Amount of Each Disbursement this Period 52.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|--|--|--|
| B. Embarq Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 79133 City Phoenix State AZ Zip Code 85062-9133 Purpose of Disbursement Phones-Charges 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) ▼ | | Transaction ID: D67673 Date of Disbursement 08 / 16 / 2006 Amount of Each Disbursement this Period 75.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

| | | |
|--|--|---|
| C. Embarq Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 79133 City Phoenix State AZ Zip Code 85062-9133 Purpose of Disbursement Phones-Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D67616 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 7.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

SUBTOTAL of Disbursements This Page (optional) ▶

136.12

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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Fiorello Consulting | | Transaction ID: D67611 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 |
| Mailing Address 3912 Barcroft Mews Ct. | | Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Falls Church | State VA | |
| Zip Code 22041 | Category/Type | |
| Purpose of Disbursement PAC Fundraising Consultants | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Fiorello Consulting | | Transaction ID: D67686 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6 |
| Mailing Address 3912 Barcroft Mews Ct. | | Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Falls Church | State VA | |
| Zip Code 22041 | Category/Type | |
| Purpose of Disbursement PAC Fundraising Consultants | | |
| 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. Fiorello Consulting | | Transaction ID: D67745 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 3912 Barcroft Mews Ct. | | Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Falls Church | State VA | |
| Zip Code 22041 | Category/Type | |
| Purpose of Disbursement PAC Fundraising Consultants | | |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7500.00 |
| 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)
Berkley For Congress

| | | | |
|--|---|---|---|
| Full Name (Last, First, Middle Initial) A. Friends for Las Vegas Police K-9's | | Transaction ID: D67604 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6 | |
| Mailing Address 1639 North Valley Drive | | Amount of Each Disbursement this Period 500.00 | |
| City Las Vegas State NV Zip Code 89108 | Purpose of Disbursement Newsprint Space Purchase Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) B. Geary Interactive | | Transaction ID: D67683 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6 | |
| Mailing Address 450 B Street, Suite 950 | | Amount of Each Disbursement this Period 40.00 | |
| City San Diego State CA Zip Code 92101 | Purpose of Disbursement Website Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) C. Geary Interactive | | Transaction ID: D67656 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 | |
| Mailing Address 450 B Street, Suite 950 | | Amount of Each Disbursement this Period 40.00 | |
| City San Diego State CA Zip Code 92101 | Purpose of Disbursement Website Candidate Name | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 580.00 |
| 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)

PAGE 56 / 84

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Berkley For Congress

| | | |
|--|---|--|
| <p>A. GLCC</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Attn: Candace Nichols 953 E. Sahar</p> | | <p>Transaction ID: D67693 Date of Disbursement 09 / 07 / 2006</p> |
| <p>City Las Vegas State NV Zip Code 89014</p> | <p>Purpose of Disbursement Community Activities</p> | <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Candidate Name</p> | <p>Category/Type</p> | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | |

| | | |
|--|---|--|
| <p>B. Green Valley Storage</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 140 Gibson Rd.</p> | | <p>Transaction ID: D67685 Date of Disbursement 08 / 25 / 2006</p> |
| <p>City Henderson State NV Zip Code 89014</p> | <p>Purpose of Disbursement Moving & Storage</p> | <p>Amount of Each Disbursement this Period 160.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Candidate Name</p> | <p>Category/Type</p> | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | |

| | | |
|--|---|--|
| <p>C. Green Valley Storage</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 140 Gibson Rd.</p> | | <p>Transaction ID: D67744 Date of Disbursement 09 / 25 / 2006</p> |
| <p>City Henderson State NV Zip Code 89014</p> | <p>Purpose of Disbursement Moving & Storage</p> | <p>Amount of Each Disbursement this Period 160.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Candidate Name</p> | <p>Category/Type</p> | |
| <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | |

| | |
|---|---------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>570.00</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)

PAGE 57 / 84

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Berkley For Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. H & W Printing | | Transaction ID: D67684 Date of Disbursement 08 / 25 / 2006 | |
| Mailing Address 3616 Oak Lne | | Amount of Each Disbursement this Period 1803.47 | |
| City Mount Rainier State MD Zip Code 20712 | Purpose of Disbursement Printing, Postage & Handling | <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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Hispanic International Day Parade of NV | | Transaction ID: D67739 Date of Disbursement 09 / 22 / 2006 | |
| Mailing Address P. O. 42254 | | Amount of Each Disbursement this Period 250.00 | |
| City Las Vegas State NV Zip Code 89116 | Purpose of Disbursement Office Events/Dinners | <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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Kendall Aschoff | | Transaction ID: D67652 Date of Disbursement 08 / 03 / 2006 | |
| Mailing Address 349 Keating St. | | Amount of Each Disbursement this Period 1000.00 | |
| City Henderson State NV Zip Code 89014 | Purpose of Disbursement Collateral Material | <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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3053.47 |
| 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 58 / 84

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Latin Chamber of Commerce | | Transaction ID: D67746 Date of Disbursement 09 / 26 / 2006 |
| Mailing Address P O Box 7500 | | Amount of Each Disbursement this Period 875.00 |
| City Las Vegas State NV Zip Code 89125 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Office Events/Dinners 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. McCurdy, William | | Transaction ID: D67674 Date of Disbursement 08 / 17 / 2006 |
| Mailing Address 1117 Hart Ave. | | Amount of Each Disbursement this Period 2500.00 |
| City Las Vegas State NV Zip Code 89106 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Field Consultant 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. Murphy Putnam Shorr & Partners LLC | | Transaction ID: D67741 Date of Disbursement 09 / 22 / 2006 |
| Mailing Address 901 N. Washington St. Suite 500 | | Amount of Each Disbursement this Period 665.75 |
| City Alexandria State VA Zip Code 22314 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Radio Production 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) ▶ | 4040.75 |
| 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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. NAACP | | Transaction ID: D67737 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 |
| Mailing Address 3340 S. Topaz St. Ste 150 | | Amount of Each Disbursement this Period 500.00 |
| City Las Vegas State NV Zip Code 89121-3970 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Office Events/Dinners | 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. Nevada Department of Taxation | | Transaction ID: D67747 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 |
| Mailing Address P.O. Box 98596 | | Amount of Each Disbursement this Period 23.02 |
| City Las Vegas State NV Zip Code 89193-8596 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Expenses | 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. Nevada Hispanic Democratic Caucus | | Transaction ID: D67668 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6 |
| Mailing Address 1325 E. Vegas Valley Drive Suite C | | Amount of Each Disbursement this Period 500.00 |
| City Las Vegas State NV Zip Code 89169 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Community Activities | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1023.02 |
| 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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Nevada State AFL-CIO | | Transaction ID: D67723 Date of Disbursement 09 / 11 / 2006 |
| Mailing Address 1701 Whitney Mesa, Ste 102 | | Amount of Each Disbursement this Period 500.00 |
| City Henderson State NV Zip Code 89014 | Purpose of Disbursement Newsprint Space Purchase | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Plumbers & Pipefitters Local 350 | | Transaction ID: D67682 Date of Disbursement 08 / 25 / 2006 |
| Mailing Address 1110 Greg Street | | Amount of Each Disbursement this Period 375.00 |
| City Sparks State NV Zip Code 89431 | Purpose of Disbursement Newsprint Space Purchase | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Renee Aschoff | | Transaction ID: D67671 Date of Disbursement 08 / 15 / 2006 |
| Mailing Address 349 Keating Street | | Amount of Each Disbursement this Period 8950.00 |
| City Henderson State NV Zip Code 89074 | Purpose of Disbursement Finance Director-payroll | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 9825.00 |
| 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)
Berkley For Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Renee Aschoff | | Transaction ID: D67751 Date of Disbursement 09 / 15 / 2006 |
| Mailing Address 349 Keating Street | | Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Henderson | State NV | |
| Zip Code 89074 | Category/Type | |
| Purpose of Disbursement Finance Director-payroll 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. Renee Aschoff | | Transaction ID: D67752 Date of Disbursement 09 / 15 / 2006 |
| Mailing Address 349 Keating Street | | Amount of Each Disbursement this Period 8950.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Henderson | State NV | |
| Zip Code 89074 | Category/Type | |
| Purpose of Disbursement Finance Director-payroll 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. Rick Warren Media | | Transaction ID: D67613 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 6361 Urban Creek Court | | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Las Vegas | State NV | |
| Zip Code 89148 | Category/Type | |
| Purpose of Disbursement Newsprint Space Purchase Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 19450.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 84

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Berkley For Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Ara Shirinian | | Transaction ID: D66319 Date of Disbursement 08 / 31 / 2006 | |
| Mailing Address 10651 Capesthorne Way | | Amount of Each Disbursement this Period 593.40 | |
| City Las Vegas State NV Zip Code 89135 | Purpose of Disbursement 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | * in-kind received | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. U. S. Postmaster | | Transaction ID: D67617 Date of Disbursement 08 / 01 / 2006 | |
| Mailing Address 1001 East Sunset Rd. | | Amount of Each Disbursement this Period 51.00 | |
| City Las Vegas State NV Zip Code 89193 | 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Transaction ID: D67603 Date of Disbursement 07 / 27 / 2006 | |
| Mailing Address P.O. Box 8808 | | Amount of Each Disbursement this Period 751.01 | |
| City Little Rock State AR Zip Code 72231-8808 | Purpose of Disbursement Phones-Charges | <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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1395.41 |
| 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 63 / 84

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: D67615 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address P.O. Box 8808 | | Amount of Each Disbursement this Period 218.43 |
| City Little Rock State AR Zip Code 72231-8808 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Phone charges | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Transaction ID: D67677 Date of Disbursement 08 / 18 / 2006 |
| Mailing Address P.O. Box 8808 | | Amount of Each Disbursement this Period 50.74 |
| City Little Rock State AR Zip Code 72231-8808 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Phones-Charges | 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. Verizon Wireless | | Transaction ID: D67738 Date of Disbursement 09 / 20 / 2006 |
| Mailing Address P.O. Box 8808 | | Amount of Each Disbursement this Period 168.05 |
| City Little Rock State AR Zip Code 72231-8808 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Phones-Charges | 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) ▶ | 437.22 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 84

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Berkley For Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: D67688 Date of Disbursement 09 / 01 / 2006 |
| Mailing Address P.O. Box 8808 | | Amount of Each Disbursement this Period 222.49 |
| City Little Rock State AR Zip Code 72231-8808 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Phone charges | | 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. Women's Democratic Club of Clark County | | Transaction ID: D67729 Date of Disbursement 09 / 14 / 2006 |
| Mailing Address 2368 Tilden Way | | Amount of Each Disbursement this Period 20.00 |
| City Henderson State NV Zip Code 89074 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Photography | | 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. Women's Democratic Club of Clark County | | Transaction ID: D67687 Date of Disbursement 09 / 01 / 2006 |
| Mailing Address 2368 Tilden Way | | Amount of Each Disbursement this Period 35.00 |
| City Henderson State NV Zip Code 89074 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Meetings & Luncheons | | 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) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 277.49 |
| 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)

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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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Women's Democratic Club of Clark County | | Transaction ID: D67660 Date of Disbursement 08 / 10 / 2006 |
| Mailing Address 2368 Tilden Way | | Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Henderson State NV Zip Code 89074 | | |
| Purpose of Disbursement Meetings & luncheons Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: D67650 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 65 Broadway Lobby | | Amount of Each Disbursement this Period 22400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10006 | | |
| Purpose of Disbursement American Express-credit card pmt Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Bellagio Hotel & Casino | | Transaction ID: D67618 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 3600 Las Vegas Blvd. South | | Amount of Each Disbursement this Period 294.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Las Vegas State NV Zip Code 89109 | | |
| Purpose of Disbursement Travel expenses Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 22460.00 |
| 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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Cannery Casino & Hotel | | Transaction ID: D67638 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 2121 E. Craig Rd. | | Amount of Each Disbursement this Period 8212.70 |
| City North Las Vegas State NV Zip Code 89030 | Purpose of Disbursement Announcement Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Costco Wholesale Membership | | Transaction ID: D67643 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address P.O. Box 34535 | | Amount of Each Disbursement this Period 15.37 |
| City Seattle State WA Zip Code 98124-1535 | Purpose of Disbursement Office Supplies & Exp. Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Costco Wholesale Membership | | Transaction ID: D67635 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address P.O. Box 34535 | | Amount of Each Disbursement this Period 144.03 |
| City Seattle State WA Zip Code 98124-1535 | Purpose of Disbursement Office Supplies & Exp. Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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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)

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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)
Berkley For Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Health Plan of Nevada | | Transaction ID: D67625 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address P. O. Box 1388 | | Amount of Each Disbursement this Period 4681.48 |
| City Las Vegas State NV Zip Code 89125-1388 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Employee Health Insurance | Candidate Name | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Imprints Day School Las Vegas | | Transaction ID: D67634 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 8185 Tamarus Street | | Amount of Each Disbursement this Period 1992.00 |
| City Las Vegas State NV Zip Code 89123 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Community Activities | Candidate Name | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Kelly Paper | | Transaction ID: D67631 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 5800 S. Valley View | | Amount of Each Disbursement this Period 1829.45 |
| City Las Vegas State NV Zip Code 89118 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Printing, Postage & Handling | Candidate Name | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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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)

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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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Kinko's Copy Centers | | Transaction ID: D67632 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 4440 S. Maryland Pkwy | | Amount of Each Disbursement this Period 68.56 |
| City Las Vegas State NV Zip Code 89109 | Purpose of Disbursement Printing, Postage & Handling | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Loew's | | Transaction ID: D67621 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 4625 W. Charleston Blvd. | | Amount of Each Disbursement this Period 343.30 |
| City Las Vegas State NV Zip Code 89148 | Purpose of Disbursement Event costs | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Mayflower Cuisine Las Vegas | | Transaction ID: D67626 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 4750 W. Sahara Ave. | | Amount of Each Disbursement this Period 26.52 |
| City Las Vegas State NV Zip Code 89102 | Purpose of Disbursement Office Meetings & lunches | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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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)

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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)
Berkley For Congress

| | | | |
|--|---------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. Motivators | | Transaction ID: D67645 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 | |
| Mailing Address 36 W. Village Green | | Amount of Each Disbursement this Period 18.94 | |
| City Hicksville | State NY | Zip Code 11801 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement Bags, Pencils, Lapel Stickers | | Category/ Type | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|--|---------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. Office Depot | | Transaction ID: D67649 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 | |
| Mailing Address 3265 E. Tropicana Ave. | | Amount of Each Disbursement this Period 197.45 | |
| City Las Vegas | State NV | Zip Code 89121 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement Office Supplies & Exp. | | Category/ Type | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|--|---------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. Office Depot | | Transaction ID: D67633 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 | |
| Mailing Address 3265 E. Tropicana Ave. | | Amount of Each Disbursement this Period 870.55 | |
| City Las Vegas | State NV | Zip Code 89121 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement Office Supplies & Exp. | | Category/ Type | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

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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)

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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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Pacifica Bali Hai | | Transaction ID: D67639 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 5160 Blvd. South | | Amount of Each Disbursement this Period 1554.15 |
| City Las Vegas State NV Zip Code 89119 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Food, Beverage & Catering | Candidate Name | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Primavera Restorante | | Transaction ID: D67620 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 932 Orange Ave. | | Amount of Each Disbursement this Period 262.56 |
| City Coranado State CA Zip Code 92118 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Meetings & luncheons | Candidate Name | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Southwest Airlines | | Transaction ID: D67622 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 2565 Chandler Ave. | | Amount of Each Disbursement this Period 350.90 |
| City Las Vegas State NV Zip Code 89121 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Travel expenses | Candidate Name | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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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)

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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)
Berkley For Congress

| | | |
|---|--|---|
| A. Target Stores Full Name (Last, First, Middle Initial) Mailing Address 4001 S. Maryland Pkwy City Las Vegas State NV Zip Code 89119 Purpose of Disbursement Office Supplies & Exp. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D67642 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 44.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|---|--|---|

| | | |
|--|--|--|
| B. Terrible Herbst Gas Station Full Name (Last, First, Middle Initial) Mailing Address 306 N. Boulder Hwy City Henderson State NV Zip Code 89015 Purpose of Disbursement Staff Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D67627 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 194.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|--|--|--|

| | | |
|--|--|--|
| C. U. S. Airways Full Name (Last, First, Middle Initial) Mailing Address 5757 Wayne Newton Blvd. City Las Vegas State NV Zip Code 89119 Purpose of Disbursement Travel expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: D67623 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 244.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|--|--|--|

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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)

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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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. U. S. Postmaster | | Transaction ID: D67636 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 1001 East Sunset Rd. | | Amount of Each Disbursement this Period 107.25 |
| City Las Vegas State NV Zip Code 89193 | Purpose of Disbursement Postage Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. U. S. Postmaster | | Transaction ID: D67641 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 1001 East Sunset Rd. | | Amount of Each Disbursement this Period 53.40 |
| City Las Vegas State NV Zip Code 89193 | Purpose of Disbursement Postage Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. U. S. Postmaster | | Transaction ID: D67646 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 1001 East Sunset Rd. | | Amount of Each Disbursement this Period 78.00 |
| City Las Vegas State NV Zip Code 89193 | Purpose of Disbursement Postage Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

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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)

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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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Vegas Media Ltd. | | Transaction ID: D67619 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 1412 S. Jones Blvd. | | Amount of Each Disbursement this Period 480.00 |
| City Las Vegas State NV Zip Code 89146 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Newsprint Space Purchase | Candidate Name | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Von's Store | | Transaction ID: D67630 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 820 S. Rampart Blvd. | | Amount of Each Disbursement this Period 15.78 |
| City Las Vegas State NV Zip Code 89145 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Food, Beverage & Catering | Candidate Name | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bank Of Nevada Card | | Transaction ID: D67659 Date of Disbursement 08 / 08 / 2006 |
| Mailing Address P. O. Box 98809 | | Amount of Each Disbursement this Period 475.00 |
| City Las Vegas State NV Zip Code 89193 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Bank of Nevada Card Payment | Candidate Name | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 475.00 |
| 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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. U. S. House Gift Shop | | Transaction ID: D67657 Date of Disbursement 08 / 08 / 2006 |
| Mailing Address 1505 Longworth H.O.B. | | Amount of Each Disbursement this Period 427.00 |
| City Washington State DC Zip Code 20515 | Purpose of Disbursement Event costs | |
| Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. U. S. Postmaster | | Transaction ID: D67658 Date of Disbursement 08 / 08 / 2006 |
| Mailing Address 1001 East Sunset Rd. | | Amount of Each Disbursement this Period 48.00 |
| City Las Vegas State NV Zip Code 89193 | Purpose of Disbursement Postage | |
| Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bank of Nevada | | Transaction ID: D67700 Date of Disbursement 09 / 09 / 2006 |
| Mailing Address P. O. Box 26237 | | Amount of Each Disbursement this Period 433.91 |
| City Las Vegas State NV Zip Code 89195-2843 | Purpose of Disbursement Bank of Nevada Card Payment | |
| Candidate Name | Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 433.91 |
| 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)
Berkley For Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. U. S. House of Representatives | | Transaction ID: D67696 Date of Disbursement 09 / 09 / 2006 | |
| Mailing Address 1505 Longworth H. O. B. | | Amount of Each Disbursement this Period 136.45 | |
| City Washington State DC Zip Code 20515 | Purpose of Disbursement Meetings & luncheons | <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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: D67721 Date of Disbursement 09 / 09 / 2006 | |
| Mailing Address 65 Broadway Lobby | | Amount of Each Disbursement this Period 10237.52 | |
| City New York State NY Zip Code 10006 | Purpose of Disbursement American Express-credit card pmt | <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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Costco Wholesale Membership | | Transaction ID: D67713 Date of Disbursement 09 / 09 / 2006 | |
| Mailing Address P.O. Box 34535 | | Amount of Each Disbursement this Period 49.22 | |
| City Seattle State WA Zip Code 98124-1535 | Purpose of Disbursement Staff Travel | <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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 10237.52 |
| 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)
Berkley For Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Democrats.com | | Transaction ID: D67716 Date of Disbursement 09 / 09 / 2006 | |
| Mailing Address P O Box 20594 | | Amount of Each Disbursement this Period 4410.00 | |
| City New York State NY Zip Code 10021 | Purpose of Disbursement Printing & Stationary | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |
| 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) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Federal Express | | Transaction ID: D67705 Date of Disbursement 09 / 09 / 2006 | |
| Mailing Address P.O. Box 1140 | | Amount of Each Disbursement this Period 41.62 | |
| City Memphis State TN Zip Code 38101-1140 | Purpose of Disbursement Postage | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |
| 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) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Health Plan of Nevada | | Transaction ID: D67708 Date of Disbursement 09 / 09 / 2006 | |
| Mailing Address P. O. Box 1388 | | Amount of Each Disbursement this Period 2340.74 | |
| City Las Vegas State NV Zip Code 89125-1388 | Purpose of Disbursement Employee Health Insurance | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |
| 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) ▼ | Category/Type | |

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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)

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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)
Berkley For Congress

| | | |
|--|--|---|
| <p>A. Kelly Paper</p> <p>Full Name (Last, First, Middle Initial) Kelly Paper</p> <p>Mailing Address 5800 S. Valley View</p> <p>City Las Vegas State NV Zip Code 89118</p> <p>Purpose of Disbursement Printing, Postage & Handling</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: D67711</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.88"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p> | | |

| | | |
|---|--|---|
| <p>B. Liberace Museum</p> <p>Full Name (Last, First, Middle Initial) Liberace Museum</p> <p>Mailing Address 4505 Maryland Parkway</p> <p>City Las Vegas State NV Zip Code 89154</p> <p>Purpose of Disbursement Food, Beverage & Catering</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: D67720</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1435.42"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p> | | |

| | | |
|---|--|--|
| <p>C. Nevada Broadcasters Association</p> <p>Full Name (Last, First, Middle Initial) Nevada Broadcasters Association</p> <p>Mailing Address 1050 E. Flamingo Rd. Suite S-110</p> <p>City Las Vegas State NV Zip Code 89119</p> <p>Purpose of Disbursement Community Activities</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: D67704</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p> | | |

| | |
|---|--|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Berkley For Congress

A. Office Max

Full Name (Last, First, Middle Initial)
Mailing Address 4995 S. Eastern Ave.

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement Office Supplies & Exp.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D67714

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B. Review Journal

Full Name (Last, First, Middle Initial)
Mailing Address 1111 W. Bonanza Rd.

City Las Vegas State NV Zip Code 89106

Purpose of Disbursement Dues & Subscriptions

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D67712

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C. Shell Gas Stations

Full Name (Last, First, Middle Initial)
Mailing Address 6398 W. Sahara Ave.

City Las Vegas State NV Zip Code 89146

Purpose of Disbursement Staff Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D67710

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Terrible Herbst Gas Station | | Transaction ID: D67709 Date of Disbursement 09 / 09 / 2006 |
| Mailing Address 306 N. Boulder Hwy | | Amount of Each Disbursement this Period 249.23 |
| City Henderson State NV Zip Code 89015 | Purpose of Disbursement Staff Travel | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| 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. U. S. Postmaster | | Transaction ID: D67707 Date of Disbursement 09 / 09 / 2006 |
| Mailing Address 1001 East Sunset Rd. | | Amount of Each Disbursement this Period 429.00 |
| City Las Vegas State NV Zip Code 89193 | Purpose of Disbursement Postage | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| 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. UNLV Foundation | | Transaction ID: D67717 Date of Disbursement 09 / 09 / 2006 |
| Mailing Address 4505 Maryland Parkway | | Amount of Each Disbursement this Period 250.00 |
| City Las Vegas State NV Zip Code 89154 | Purpose of Disbursement Community Activities | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| 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) ▼ | |

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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)

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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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
W. Millar & Co. Catering

Mailing Address 1335 14th St. NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Food, Beverage & Related Costs

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D67701

Date of Disbursement

/ /

09 / 09 / 2006

Amount of Each Disbursement this Period

305.98

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Walmart

Mailing Address 300 E. Lakes Mead Dr.

City Henderson State NV Zip Code 89014

Purpose of Disbursement Office Supplies & Exp.

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D67718

Date of Disbursement

/ /

09 / 09 / 2006

Amount of Each Disbursement this Period

15.97

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

111486.54

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Gibson, Fred D. | | Transaction ID: D67748 Date of Disbursement 09 / 30 / 2006 |
| Mailing Address 3204 Plaza De Rafael | | Amount of Each Disbursement this Period 100.00 |
| City Las Vegas State NV Zip Code 89113 | Purpose of Disbursement Refund of excess contributions | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Marijan Pericich | | Transaction ID: D64917 Date of Disbursement 07 / 31 / 2006 |
| Mailing Address 7217 W. Gowan Rd. | | Amount of Each Disbursement this Period 10.00 |
| City Las Vegas State NV Zip Code 89129 | Purpose of Disbursement Refund of contribution | |
| Candidate Name | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | 110.00 |
| TOTAL This Period (last page this line number only) | 110.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. A Catered Affair Inc. | | Transaction ID: D67728 Date of Disbursement 09 / 13 / 2006 |
| Mailing Address 9647 Rainfall Avenue | | Amount of Each Disbursement this Period 500.00 |
| City Las Vegas State NV Zip Code 89147 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Inkind to Tessa Hafen for Catering | | 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. Democratic Congressional Campaign Committ | | Transaction ID: D67736 Date of Disbursement 09 / 19 / 2006 |
| Mailing Address 499 South Capitol Street SW Att | | Amount of Each Disbursement this Period 75000.00 |
| 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 Excess campaign funds | | 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. Nevada State Democratic Party | | Transaction ID: D67679 Date of Disbursement 08 / 24 / 2006 |
| Mailing Address 409 Horn | | Amount of Each Disbursement this Period 725.00 |
| City Las Vegas State NV Zip Code 89107 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Contribution to State Party | | 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) ▶ | 76225.00 |
| 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)
Berkley For Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Nevada State Democratic Party | | Transaction ID: D67680 Date of Disbursement 08 / 25 / 2006 |
| Mailing Address 409 Horn | | Amount of Each Disbursement this Period 100000.00 |
| City Las Vegas | State NV Zip Code 89107 | |
| Purpose of Disbursement Contribution to State Party | | <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 | 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. Democratic Congressional Campaign Committ | | Transaction ID: D67624 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 499 South Capitol Street SW Att | | Amount of Each Disbursement this Period 12500.00 |
| City Washington | State DC Zip Code 20003 | |
| Purpose of Disbursement Excess campaign funds | | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

[MEMO ITEM]

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: D67750 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 65 Broadway Lobby | | Amount of Each Disbursement this Period 12500.00 |
| City New York | State NY Zip Code 10006 | |
| Purpose of Disbursement Excess campaign funds | | <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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

SUBTOTAL of Disbursements This Page (optional)

112500.00

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)

PAGE 84 / 84

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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)
Berkley For Congress

A. Full Name (Last, First, Middle Initial)
American Express

Mailing Address 65 Broadway Lobby

City New York State NY Zip Code 10006

Purpose of Disbursement
American Express-credit card pmt

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D67754

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

| |
|--------|
| 114.00 |
|--------|

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

B. Full Name (Last, First, Middle Initial)
Pacifica Bali Hai

Mailing Address 5160 Blvd. South

City Las Vegas State NV Zip Code 89119

Purpose of Disbursement
Inkind to Loretta Sanchez for catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D67715

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

| |
|--------|
| 114.00 |
|--------|

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

| |
|--------|
| 114.00 |
|--------|

TOTAL This Period (last page this line number only)

| |
|-----------|
| 188839.00 |
|-----------|