



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Boucher for Congress Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	121502.68	1391059.33
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5880.67
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	121502.68	1385178.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	154334.94	978842.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	893.97	3842.21
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	153440.97	975000.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	806858.65	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

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

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

Write or Type Committee Name  
Boucher for Congress Committee

Report Covering the Period: From:    To:

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)	<input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/> (date after general election)
<input type="text" value="42270.68"/>		through <input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/> (last day of reporting period)
(ii) Unitemized		
<input type="text" value="3282.00"/>		
(iii) Total of contributions from individuals		
<input type="text" value="45552.68"/>	<input type="text" value="446122.75"/>	<input type="text" value="325.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="100.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="75950.00"/>	<input type="text" value="944836.58"/>	<input type="text" value="0.00"/>

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

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
121502.68	1391059.33	325.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
893.97	3842.21	893.97
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	41980.04	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
122396.65	1436881.58	1218.97

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Boucher for Congress Committee

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
154334.94	978842.42	12562.04
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	250.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

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Report of Receipts and Disbursements

Page 8

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

0.00	5630.67	0.00
------	---------	------

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

0.00	5880.67	0.00
------	---------	------

21. OTHER DISBURSEMENTS

0.00	330600.70	0.00
------	-----------	------

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

154334.94	1315323.79	12562.04
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

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

121502.68	1385178.66	325.00
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**IV. NET OPERATING EXPENDITURES**

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

153440.97	975000.21	11668.07
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	838796.94
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	122396.65
25. SUBTOTAL(add Line 23 and Line 24) .....	961193.59
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	154334.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	806858.65

# 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 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
John Adams

Mailing Address 204 LaFayette Street

City State Zip Code  
Galax VA 24333

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

Name of Employer Adams-Health Engineering, Inc. Occupation Civil Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 61203.C30025

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Edmund Armentrout

Mailing Address PO Box 86

City State Zip Code  
Bent Mountain VA 24059

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

Name of Employer Budget Signs LLC Occupation owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

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

Transaction ID: 61203.C30030

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
I. Bacon

Mailing Address RR 1 Box 832

City State Zip Code  
Rose Hill VA 24281-9757

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

Name of Employer U.S. Post Office Occupation retired Mail Carrier

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

350.00

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

Transaction ID: 61203.C29984

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> 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 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Tom Bean

Mailing Address P.O. Box 26666

City Richmond State VA Zip Code 23261

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

Name of Employer Dominion Resources Occupation Vice 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 Y  
1 0 / 1 9 / 2 0 0 6

**Transaction ID:** 61019.C29820

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert Blue

Mailing Address 1630 Pope Avenue

City Richmond State VA Zip Code 23227

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

Name of Employer Dominion Resources Occupation Vice 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 Y  
1 0 / 1 9 / 2 0 0 6

**Transaction ID:** 61019.C29824

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ed Bunn

Mailing Address PO Box 758

City Grundy State VA Zip Code 24614-0758

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

Name of Employer The Eagle Companies Occupation mining & investments

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

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

**Transaction ID:** 61025.C29903

Amount of Each Receipt this Period  
2100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3100.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 86
	<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)  
Boucher for Congress Committee

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

Mailing Address 14982 Springview Rdg

City Bristol State VA Zip Code 24202-4567

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

Name of Employer self Occupation Coal Production

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 61025.C29902

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joseph Bunn

Mailing Address 490 Court Street Apt 22

City Abingdon State VA Zip Code 24210

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

Name of Employer Central Coal Company Occupation Project Analyst

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  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61025.C29899

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Omer Bunn

Mailing Address PO Box 2780

City Grundy State VA Zip Code 24614-2780

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

Name of Employer Southwest VA Coal Corp. Occupation Executive Officer-retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

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

Transaction ID: 61025.C29901

Amount of Each Receipt this Period  
1850.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4950.00**

**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 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas Capps

Mailing Address 4300 Sulgrave Road

City Richmond State VA Zip Code 23221

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

Name of Employer Dominion Resources Occupation Non- Exe Chairman

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  
 1 0 / 1 9 / 2 0 0 6

Transaction ID: 61019.C29830

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas Chewning

Mailing Address 4800 Lockgreen Cir

City Richmond State VA Zip Code 23226-1745

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

Name of Employer Dominion Resources Services In Occupation Executive Vice President & Cfo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 61019.C29835

Amount of Each Receipt this Period  
 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
David Christian

Mailing Address 204 Trumpet Rd

City Smithfield State VA Zip Code 23430-6968

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

Name of Employer Dominion Energy Occupation Senior Vice 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 Y  
 1 0 / 1 9 / 2 0 0 6

Transaction ID: 61019.C29827

Amount of Each Receipt this Period  
 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

**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 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
E. Fulton Clark

Mailing Address 216 Glenwood Ter

City State Zip Code  
Stuart VA 24171-1742

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

Name of Employer Occupation  
Clark Brothers Co Inc General Contractor

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

500.00

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

**Transaction ID:** 61023.C29862

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Clark

Mailing Address 216 Glenwood Ter

City State Zip Code  
Stuart VA 24171-1742

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

Name of Employer Occupation  
Retired Information Requested

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

500.00

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

**Transaction ID:** 61023.C29861

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Connell

Mailing Address 197 Clovernook Ln

City State Zip Code  
Pembroke VA 24136-3113

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

Name of Employer Occupation  
Information Requested Information Requested

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

200.00

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

**Transaction ID:** 61026.C29915

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> 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 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Celia Cox

Mailing Address 1939 Riverport Rd

City Kingsport State TN Zip Code 37660-3553

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 61026.C29916

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Earl Dellinger

Mailing Address PO Box 1054

City Grundy State VA Zip Code 24614-1054

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

Name of Employer Modern Sales & Service, Inc Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: 61025.C29893

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
H. Dendy

Mailing Address 1142 West Ave

City Richmond State VA Zip Code 23220-3720

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

Name of Employer The Vectre Corp Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61019.C29821

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **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 13 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Douglas Easter

Mailing Address 245 Blue Springs Lane

City State Zip Code  
Charlottesville VA 22903-7112

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

Name of Employer Information Requested Occupation Information Requested

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  
10 / 27 / 2006

**Transaction ID:** 61027.C29923

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Pamela Faggert

Mailing Address 14391 Mill Creek Dr

City State Zip Code  
Montpelier VA 23192-2839

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 19 / 2006

**Transaction ID:** 61019.C29823

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thomas Farrell

Mailing Address 9019 Norwick Rd

City State Zip Code  
Richmond VA 23229-7758

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

Name of Employer Information Requested Occupation Information Requested

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  
10 / 19 / 2006

**Transaction ID:** 61019.C29832

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **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 14 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

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

Mailing Address One Microsoft Way

City State Zip Code  
Redmond WA 98052-6399

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

Name of Employer Information Requested Occupation  
Microsoft

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 61203.C30014

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Franklin Hall

Mailing Address PO Box 3407

City State Zip Code  
Richmond VA 23235-7407

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

Name of Employer Commonwealth of Virginia Occupation  
House of Delegates

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2006

Transaction ID: 61019.C29833

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 3142 Monument Ave

City State Zip Code  
Richmond VA 23221-1457

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

Name of Employer Dominion Resources Occupation  
VP External Affairs & Corpora

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 19 / 2006

Transaction ID: 61019.C29819

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> 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 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Eva Hardy

Mailing Address 217 Gun Club Rd

City Richmond State VA Zip Code 23221-3322

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

Name of Employer Dominion Resources Occupation Senior Vice President, Externa

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 61019.C29829

Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gary Hearl

Mailing Address 822 Wayne Ave NE

City Abingdon State VA Zip Code 24210-3909

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

Name of Employer Pegasus Tower Company, LTD Occupation President & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: 61203.C30013

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Gertrude Hibbitts

Mailing Address PO Box 128

City Grundy State VA Zip Code 24614-0128

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

Name of Employer Charitable Org Occupation Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: 61025.C29894

Amount of Each Receipt this Period  
 100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> 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 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Julius Hobson

Mailing Address 3600 38th St NW Apt 271

City Washington State DC Zip Code 20016-2915

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

Name of Employer Powell Goldstein LLP Occupation Senior Policy Advisor Govt Af

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 61025.C29905

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jay Johnson

Mailing Address 401 Bonruth PI

City Richmond State VA Zip Code 23233-5572

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

Name of Employer Dominion Energy Inc. Occupation Sr. Vice President-business Ex

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  
 1 0 / 1 9 / 2 0 0 6

Transaction ID: 61019.C29834

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address PO Box 1999

City Grundy State VA Zip Code 24614-1761

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 ▼ 2000.00

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

Transaction ID: 61025.C29898

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> 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 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Randal Kirk

Mailing Address P.O. Drawer 3526

City State Zip Code  
Radford VA 24143-3526

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

Name of Employer Third Security LLC Occupation Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 61031.C29948

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Paul Koonce

Mailing Address 4112 Oxford Rd

City State Zip Code  
Richmond VA 23221-3226

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

Name of Employer Dominion Resources Services In Occupation Sr. Vice Pres.-portfolio Manag

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 61019.C29836

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address PO Box 203

City State Zip Code  
Fries VA 24330-0203

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

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

Transaction ID: 61031.C29947

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 86
	<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)  
Boucher for Congress Committee

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

Mailing Address 99 Vine Avenue

City Clifton Forge State VA Zip Code 24422

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

Name of Employer self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 61203.C30026

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert Lee

Mailing Address 2312 Circle Drive SW

City Roanoke State VA Zip Code 24018

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 61027.C29922

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Lawrence Lessig

Mailing Address 559 Nathan Abbott Way

City Stanford State CA Zip Code 94305

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

Name of Employer Stafford University Occupation Professor

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  
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61203.C30023

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 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 19 / 86
	<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)  
Boucher for Congress Committee

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

Mailing Address PO Box 4782

City State Zip Code  
Martinsville VA 24115-4782

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

Name of Employer Occupation  
The Lester Group Businessman

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1349.00

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

Transaction ID: 61203.C30032

Amount of Each Receipt this Period  
849.00

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

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

Mailing Address RR 3 Box 204

City State Zip Code  
Grundy VA 24614-9519

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

Name of Employer Occupation  
Information Requested Retired

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

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

Transaction ID: 61023.C29876

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Martin

Mailing Address 2425 Worchester Road

City State Zip Code  
Midlothian VA 23113

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

Name of Employer Occupation  
Dominion Resources Vice President

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

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

Transaction ID: 61019.C29825

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1849.00
<b>TOTAL</b> 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 / 86
	<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)  
Boucher for Congress Committee

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

Mailing Address 11305 Corobon Lane

City State Zip Code  
Great Falls VA 22066

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

Name of Employer Occupation  
Domiinion Resources Director Federal Affairs

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

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

**Transaction ID:** 61019.C29818

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 1406 Black Lick Rd

City State Zip Code  
Wytheville VA 24382-5895

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

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

**Transaction ID:** 61102.C29961

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Don Nicewonder

Mailing Address 148 Bristol East Rd

City State Zip Code  
Bristol VA 24202-5500

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

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

**Transaction ID:** 61203.C30015

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2400.00
<b>TOTAL</b> 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 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Roger Powers

Mailing Address PO Box 221

City State Zip Code  
Grundy VA 24614-0221

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

Name of Employer self Occupation  
self Excello Oil Co

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

500.00

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

Transaction ID: 61023.C29874

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Arthur Ratliff

Mailing Address PO Box 989

City State Zip Code  
Grundy VA 24614-0989

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

Name of Employer self Occupation  
self Anchor Corp.

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

1000.00

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

Transaction ID: 61023.C29877

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Quasir Raza

Mailing Address 608 Canary Circle

City State Zip Code  
Bluefield VA 24605-2008

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

Name of Employer self-employed Occupation  
self-employed Doctor

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

250.00

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

Transaction ID: 61203.C29980

Amount of Each Receipt this Period  
250.00

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

**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 22 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Lonzo Rife

Mailing Address PO Box 621

City State Zip Code  
Grundy VA 24614-0621

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

Name of Employer Occupation  
General Autoparts owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: 61023.C29875

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Brant Robertson

Mailing Address PO Box 1560

City State Zip Code  
Grundy VA 24614-1560

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

Name of Employer Occupation  
Eaglehawk Carbon Managerial trainee

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2006

Transaction ID: 61025.C29896

Amount of Each Receipt this Period  
400.00

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

**C.** Full Name (Last, First, Middle Initial)  
F.D. Robertson

Mailing Address PO Box 1560

City State Zip Code  
Grundy VA 24614-1560

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

Name of Employer Occupation  
Retired coal operator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  
MM / DD / YYYY  
10 / 25 / 2006

Transaction ID: 61025.C29900

Amount of Each Receipt this Period  
1600.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Steven Rogers

Mailing Address 3713 Sovereign Ln

City Richmond State VA Zip Code 23233-7628

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

Name of Employer Dominion Resource Service-s, In Occupation Vice President & Controller

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61019.C29826

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ruth Ross

Mailing Address 228 Black Rock Mtn. Ln

City Independence State VA Zip Code 24348-4560

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 61023.C29867

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
David Shuford

Mailing Address 8918 Norwick Road

City Richmond State VA Zip Code 23229

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

Name of Employer Dominion Resources Occupation Vice 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  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61019.C29828

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**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 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Deborah Sliz

Mailing Address 2826 S Buchanan St

City Arlington State VA Zip Code 22206-1306

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

Name of Employer Morgan McGuire Occupation Principal

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: 61023.C29882

Amount of Each Receipt this Period  
 250.00

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

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

Mailing Address PO Box 1158

City Abingdon State VA Zip Code 24210-1158

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

Name of Employer K-VA-T Food Stores, Inc. Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3521.68

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

Transaction ID: 61203.C30031

Amount of Each Receipt this Period  
 1021.68

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

**C.** Full Name (Last, First, Middle Initial)  
G.R.C. Stuart

Mailing Address 225 E Main St

City Abingdon State VA Zip Code 24210-2903

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 61023.C29860

Amount of Each Receipt this Period  
 200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1471.68

**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 25 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Gary Sypolt

Mailing Address 1440 Sarum Terrace

City Midlothian State VA Zip Code 23113-6047

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

Name of Employer Dominion Resources Services, I Occupation Sr. Vice President-transmissio

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  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61019.C29831

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
William Thornbury

Mailing Address PO Box 763

City Grundy State VA Zip Code 24614-0763

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

Name of Employer Information Requested Occupation Information Requested

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  
1 0 / 2 5 / 2 0 0 6

Transaction ID: 61025.C29897

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Virgil West

Mailing Address RR 1 Box 197

City Hurley State VA Zip Code 24620-9518

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

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

Transaction ID: 61023.C29873

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

**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 26 / 86
	<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)  
Boucher for Congress Committee

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

Mailing Address PO Box 8425

City State Zip Code  
Roanoke VA 24014-0425

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

Name of Employer Rockydale Quarries Corp. Occupation Board Chairman- Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61019.C29840

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas Wohlfarth

Mailing Address 10005 River Road

City State Zip Code  
Richmond VA 23233

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

Name of Employer Dominion Resources Occupation Vice 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 Y  
1 0 / 1 9 / 2 0 0 6

Transaction ID: 61019.C29822

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Adam Wright

Mailing Address 1252 Microfilm Road

City State Zip Code  
Bassett VA 24055

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

Name of Employer EMI Occupation Plant Leader

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61203.C30027

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	42270.68

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
AICPA Effective Legislation Com

Mailing Address 1455 Pennsylvania Ave NW

City State Zip Code  
Washington DC 20004-1008

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10110.00

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

**Transaction ID:** 61026.C29919

Amount of Each Receipt this Period  
3500.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Composites Manufacturers Associ

Mailing Address Political Action Committee  
1010 North Glebe Rd Ste 450

City State Zip Code  
Arlington VA 22201-5761

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 61027.C29927

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Electric Power

Mailing Address Committee for Responsible Governme  
801 Pennsylvania Avenue NW Suite 3

City State Zip Code  
Washington DC 20004-2604

FEC ID number of contributing federal political committee. **C** C00096842

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  
1 1 / 0 6 / 2 0 0 6

**Transaction ID:** 61203.C29986

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> 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 28 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
American Financial Services Assn PAC

Mailing Address 919 18th St NW

City Washington State DC Zip Code 20006-5503

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** 61203.C30020

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Hospital Association PAC

Mailing Address 325 7th St NW

City Washington State DC Zip Code 20004-2818

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

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  
1 0 / 1 9 / 2 0 0 6

**Transaction ID:** 61019.C29841

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Podiatric Medical Assoc.

Mailing Address Podiatry PAC  
9312 Old Georgetown Rd

City Bethesda State MD Zip Code 20814-1621

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 61027.C29929

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> 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 29 / 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
American Public Power Association PAC  
 Mailing Address 2301 M St NW  
 City State Zip Code  
 Washington DC 20037-1427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6  
**Transaction ID:** 61027.C29924  
 Amount of Each Receipt this Period  
 250.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMVEST Corporation  
 Mailing Address Political Action Committee  
 P.O. Box 5347  
 City State Zip Code  
 Charlottesville VA 22905-5347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Chairman  
 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  
 1 0 / 2 5 / 2 0 0 6  
**Transaction ID:** 61025.C29909  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Atmos Energy PAC  
 Mailing Address 5430 Lyndon B Johnson Fwy  
 City State Zip Code  
 Dallas TX 75240-6259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 6  
**Transaction ID:** 61027.C29925  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Carpenters Legislative Improvement Comm

Mailing Address 101 Constitution Ave NW

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

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

Transaction ID: 61023.C29885

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
CH2M Hill Companies, LTD. PAC

Mailing Address 9191 S Jamaica St

City State Zip Code  
Englewood CO 80112

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

Name of Employer Occupation  
Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

Transaction ID: 61025.C29911

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Direct Voice - Pac Of The Direct Mktng

Mailing Address 1111 19th St NW

City State Zip Code  
Washington DC 20036-3621

FEC ID number of contributing federal political committee. **C** C00235309

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  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 61203.C30017

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> 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 31 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Direct Voice - Pac Of The Direct Mktng

Mailing Address 1111 19th St NW

City State Zip Code  
Washington DC 20036-3621

FEC ID number of contributing federal political committee. **C** C00235309

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5200.00

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

**Transaction ID:** 61203.C30016

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Drinker Biddle PAC

Mailing Address 1500 K St NW Ste 1100

City State Zip Code  
Washington DC 20005-1209

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 61025.C29908

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
DRIVE Committee Political Fund

Mailing Address 25 Louisiana Ave NW

City State Zip Code  
Washington DC 20001-2130

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

Name of Employer Occupation  
Teamsters Local 822 President

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  
1 1 / 0 2 / 2 0 0 6

**Transaction ID:** 61102.C29964

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6200.00</b>
<b>TOTAL</b> 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 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Ebay Inc. Comm. For Responsible Internet

Mailing Address 101 Park Center Plz

City San Jose State CA Zip Code 95113-2267

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

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  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61031.C29953

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Echostar Communication Corp PAC

Mailing Address 5701 S. Santa Fe Drive

City Washington State DC Zip Code 20036-0981

FEC ID number of contributing federal political committee. **C** C00330647

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  
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61031.C29955

Amount of Each Receipt this Period  
3000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Eli Lilly & Company PAC

Mailing Address Lilly Corporate Ctr

City Indianapolis State IN Zip Code 46285-0001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

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

Transaction ID: 61203.C30019

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> 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 33 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Eli Lilly & Company PAC

Mailing Address Lilly Corporate Ctr

City Indianapolis State IN Zip Code 46285-0001

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

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  
 1 1 / 0 7 / 2 0 0 6

Transaction ID: 61203.C30018

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 701 Pennsylvania Ave NW Ste 820

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 61019.C29842

Amount of Each Receipt this Period  
 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Employees of Northrop Gruman Corp.

Mailing Address Political Action Committee  
520 S. Grand Ave. #700

City Los Angeles State CA Zip Code 90071

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: 61102.C29963

Amount of Each Receipt this Period  
 2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> 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 34 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Google NETPAC

Mailing Address 1001 Pennsylvania Ave NW Ste 600 S

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

**Transaction ID:** 61027.C29928

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Internatl Union of Operating Engineers

Mailing Address Engineers Political Education Comm  
1125 17th Street NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

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

**Transaction ID:** 61023.C29886

Amount of Each Receipt this Period  
3500.00

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

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

Mailing Address PO Box 18254

City State Zip Code  
Washington DC 20036-8254

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

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

**Transaction ID:** 61203.C30021

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> 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 / 86
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
LABORERS POLITICAL LEAGUE

Mailing Address 905 16th St NW

City State Zip Code  
Washington DC 20006-1713

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 ▼  
7000.00

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

**Transaction ID:** 61023.C29887

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Machinists Non-Partisan Political League

Mailing Address 9000 Machinists PI

City State Zip Code  
Upper Marlboro MD 20772-2675

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

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  
1 0 / 2 5 / 2 0 0 6

**Transaction ID:** 61025.C29910

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
McGuireWoods Consulting LLC PAC

Mailing Address One James Center 901 E. Cary Stree

City State Zip Code  
Richmond VA 23219

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

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

**Transaction ID:** 61019.C29838

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	9000.00
<b>TOTAL</b> 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 36 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
MidAmerican Energy Company PAC

Mailing Address PO Box 657

City State Zip Code  
Des Moines IA 50303-0657

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

Name of Employer Occupation  
Federal Affairs Representative

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  
1 0 / 2 5 / 2 0 0 6

**Transaction ID:** 61025.C29907

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mirant Corporation PAC

Mailing Address 1155 Perimeter Ctr W

City State Zip Code  
Atlanta GA 30338-5416

FEC ID number of contributing federal political committee. **C** C00365007

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

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

**Transaction ID:** 61023.C29878

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Association of Broadcasters PAC

Mailing Address 1771 N St NW

City State Zip Code  
Washington DC 20036-2800

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

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

**Transaction ID:** 61027.C29926

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 37 / 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
National Association of Home Builders

Mailing Address Build PAC  
1201 15th St NW

City Washington State DC Zip Code 20005-2842

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

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

Transaction ID: 61027.C29933

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Council of Textile Organization

Mailing Address Political Action Committee  
Post Office Box 99

City Gastonia State NC Zip Code 28053

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 61026.C29918

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Education Association

Mailing Address NEA Fund for Children  
1201 16th St NW

City Washington State DC Zip Code 20036-3207

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

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  
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 61031.C29954

Amount of Each Receipt this Period  
2000.00

Receipt  
 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 38 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
National Telecommunications Cooperative

Mailing Address 4121 Wilson Blvd

City State Zip Code  
Arlington VA 22203-1839

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

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  
1 0 / 3 1 / 2 0 0 6

**Transaction ID:** 61031.C29950

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2550 M St NW

City State Zip Code  
Washington DC 20037-1301

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

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

**Transaction ID:** 61023.C29879

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Petroleum Marketers Associ of America

Mailing Address Small Business Committee  
1901 Fort Myer Dr

City State Zip Code  
Arlington VA 22209-1606

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

Name of Employer Occupation  
Government Affairs Representat

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  
1 0 / 2 6 / 2 0 0 6

**Transaction ID:** 61026.C29917

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Safeway, Inc PAC

Mailing Address 5918 Stoneridge Mall Rd

City Pleasanton State CA Zip Code 94588-3229

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  

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

**Transaction ID:** 61203.C29991

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sanofi-Aventis Employees PAC

Mailing Address 300 Somerset Corporate Blvd

City Bridgewater State NJ Zip Code 08807-2854

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	6

**Transaction ID:** 61203.C30022

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sprint Nextel Political Action Committee

Mailing Address 2001 Edmund Halley Dr

City Reston State VA Zip Code 20191-3436

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** 61025.C29906

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> 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 40 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
SunTrust Bank, Mid-Atlantic PAC

Mailing Address 919 E Main St

City Richmond State VA Zip Code 23219-4625

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

**Transaction ID:** 61023.C29881

Amount of Each Receipt this Period  
 1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Troutman Sanders LLP PA C

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2231

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 61019.C29837

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
United Associ of Journeymen & Apprentice

Mailing Address Political Education Committee  
901 Massachusetts Ave NW

City Washington State DC Zip Code 20001-4397

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 61031.C29951

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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 / 86
	<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)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
VERIZON COMMUNICATION INC. PAC

Mailing Address 1717 Arch St

City Philadelphia State PA Zip Code 19103-2706

FEC ID number of contributing federal political committee. **C** C00025163

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  
1 0 / 2 3 / 2 0 0 6

**Transaction ID:** 61023.C29883

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Westmoreland Coal Company PAC

Mailing Address Political Action Committee  
2 N. Cascade Avenue Suite 1400

City Colorado Springs State CO Zip Code 80903

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** 61031.C29952

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wyeth Good Government Fund

Mailing Address 5 Giralda Farms

City Madison State NJ Zip Code 07940-1027

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** 61023.C29880

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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 42 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
XM Satellite Radio PAC

Mailing Address 1500 Eckington PI NE

City State Zip Code  
Washington DC 20002-2164

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

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

**Transaction ID:** 61023.C29884

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
XO Communications PAC

Mailing Address 11111 Sunset Hills Road

City State Zip Code  
Reston VA 20190

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** 61031.C29949

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>75950.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
WWWJ/WBFR

Mailing Address 325 Poplar Knob Rd

City State Zip Code  
Galax VA 24333-4106

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Primary 08

Election Cycle-to-Date ▼  
512.12

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

**Transaction ID:** 61203.C30004

Amount of Each Receipt this Period  
512.12

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

**B.** Full Name (Last, First, Middle Initial)  
WWWJ/WBFR

Mailing Address 325 Poplar Knob Rd

City State Zip Code  
Galax VA 24333-4106

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Primary 08

Election Cycle-to-Date ▼  
757.12

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

**Transaction ID:** 61203.C30003

Amount of Each Receipt this Period  
245.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>757.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>757.12</b>

**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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. The Office Place Inc.</b>		<b>Transaction ID:</b> 61203.E7643 Date of Disbursement 11 / 06 / 2006
Mailing Address PO Box 727		Amount of Each Disbursement this Period 268.08
City Abingdon State VA Zip Code 24212-0727	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. WDBJ-TV</b>		<b>Transaction ID:</b> 61203.E7510 Date of Disbursement 10 / 24 / 2006
Mailing Address P.O. Box 7		Amount of Each Disbursement this Period 238.00
City Roanoke State VA Zip Code 24022-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA-TV Candidate Name	Category/Type	MEDIA-TV
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. WDBJ-TV</b>		<b>Transaction ID:</b> 61203.E7636 Date of Disbursement 11 / 02 / 2006
Mailing Address P.O. Box 7		Amount of Each Disbursement this Period 60.35
City Roanoke State VA Zip Code 24022-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA-TV Candidate Name	Category/Type	MEDIA-TV
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>566.43</b>
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. WYVE</b>		Transaction ID: 61203.E7500 Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 534		Amount of Each Disbursement this Period 1428.00
City Wytheville	State VA	
Zip Code 24382-0534		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MEDIA-RADIO		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	MEDIA-RADIO	

Full Name (Last, First, Middle Initial) <b>B. WBRF</b>		Transaction ID: 61203.E7474 Date of Disbursement 10 / 19 / 2006
Mailing Address PO Box 838		Amount of Each Disbursement this Period 1605.60
City Galax	State VA	
Zip Code 24333-0838		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MEDIA-RADIO		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	MEDIA-RADIO	

Full Name (Last, First, Middle Initial) <b>C. WMEV</b>		Transaction ID: 61203.E7478 Date of Disbursement 10 / 19 / 2006
Mailing Address 1 Radio Road		Amount of Each Disbursement this Period 850.00
City Marion	State VA	
Zip Code 24354-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MEDIA-RADIO		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	MEDIA-RADIO	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3883.60
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. WSWV</b>		Transaction ID: 61203.E7506 Date of Disbursement 10 / 24 / 2006
Mailing Address PO Box 630		Amount of Each Disbursement this Period 210.00
City Pennington Gap State VA Zip Code 24277-0630	Purpose of Disbursement MEDIA-RADIO Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MEDIA-RADIO

Full Name (Last, First, Middle Initial) <b>B. Comfort Inn</b>		Transaction ID: 61203.E7649 Date of Disbursement 11 / 03 / 2006
Mailing Address 170 Jonesboro Road		Amount of Each Disbursement this Period 417.48
City Abingdon State VA Zip Code 24210-	Purpose of Disbursement LODGING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  LODGING

Full Name (Last, First, Middle Initial) <b>C. Kingsport Times News</b>		Transaction ID: 61203.E7634 Date of Disbursement 11 / 01 / 2006
Mailing Address 701 Lynn Garden Dr		Amount of Each Disbursement this Period 568.00
City Kingsport State TN Zip Code 37660-5607	Purpose of Disbursement ADVERTISING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ADVERTISING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1195.48
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Mountainet</b>		Transaction ID: 61203.E7512 Date of Disbursement 10 / 25 / 2006	
Mailing Address PO Box 488		Amount of Each Disbursement this Period 18.95	
City Gate City State VA Zip Code 24251-0488	Purpose of Disbursement INTERNET SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERNET SERVICE	

Full Name (Last, First, Middle Initial) <b>B. The Ecelectic Chef</b>		Transaction ID: 61203.E7639 Date of Disbursement 11 / 03 / 2006	
Mailing Address 210 Valley Street		Amount of Each Disbursement this Period 897.63	
City Abingdon State VA Zip Code 24210-	Purpose of Disbursement CATERING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CATERING	

Full Name (Last, First, Middle Initial) <b>C. Alltel</b>		Transaction ID: 61203.E7511 Date of Disbursement 10 / 25 / 2006	
Mailing Address 349 Southport Circle		Amount of Each Disbursement this Period 79.57	
City Virginia Beach State VA Zip Code 23452-	Purpose of Disbursement CELLULAR SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELLULAR SERVICE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	996.15
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Galax Gazette</b>		Transaction ID: 61203.E7569 Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 68		Amount of Each Disbursement this Period 133.66
City Galax State VA Zip Code 24333-0068	Purpose of Disbursement ADVERTISING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ADVERTISING

Full Name (Last, First, Middle Initial) <b>B. Abingdon Buff &amp; Shine</b>		Transaction ID: 61203.E7503 Date of Disbursement 10 / 23 / 2006
Mailing Address 356 West Main Street		Amount of Each Disbursement this Period 85.00
City Abingdon State VA Zip Code 24210-	Purpose of Disbursement JEEP MAINTENANCE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  JEEP MAINTENANCE

Full Name (Last, First, Middle Initial) <b>C. Abingdon Buff &amp; Shine</b>		Transaction ID: 61203.E7669 Date of Disbursement 11 / 09 / 2006
Mailing Address 356 West Main Street		Amount of Each Disbursement this Period 85.00
City Abingdon State VA Zip Code 24210-	Purpose of Disbursement JEEP MAINTENANCE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  JEEP MAINTENANCE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	303.66
<b>TOTAL</b> 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 49 / 86

<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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Bristol Virginia Utilites Board</b>		Transaction ID: 61203.E7507 Date of Disbursement 10 / 24 / 2006	
Mailing Address PO Box 8100		Amount of Each Disbursement this Period 564.58	
City Bristol State VA Zip Code 24203-8100	Purpose of Disbursement TELEPHONE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE SERVICE	

Full Name (Last, First, Middle Initial) <b>B. Bristol Virginia Utilites Board</b>		Transaction ID: 61203.E7677 Date of Disbursement 11 / 17 / 2006	
Mailing Address PO Box 8100		Amount of Each Disbursement this Period 35.00	
City Bristol State VA Zip Code 24203-8100	Purpose of Disbursement INTERNET SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERNET SERVICE	

Full Name (Last, First, Middle Initial) <b>C. U.S. Postal Service</b>		Transaction ID: 61203.E7568 Date of Disbursement 10 / 31 / 2006	
Mailing Address 300 W Main St		Amount of Each Disbursement this Period 137.29	
City Abingdon State VA Zip Code 24210-2639	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	736.87
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		<b>Transaction ID:</b> 61203.E7640 Date of Disbursement
Mailing Address 300 W Main St		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Abingdon	State VA	Zip Code 24210-2639
Purpose of Disbursement POSTAGE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="78.00"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		<b>Transaction ID:</b> 61203.E7680 Date of Disbursement
Mailing Address 300 W Main St		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Abingdon	State VA	Zip Code 24210-2639
Purpose of Disbursement PERMIT FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="160.00"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PERMIT FEE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WBLB</b>		<b>Transaction ID:</b> 61203.E7508 Date of Disbursement
Mailing Address 3570 ROBINSON TRACK ROAD		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/>
City Pulaski	State VA	Zip Code 24301-
Purpose of Disbursement MEDIA-RADIO	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="694.20"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEDIA-RADIO
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="932.20"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. WXLZ</b>		Transaction ID: 61203.E7515 Date of Disbursement 10 / 26 / 2006	
Mailing Address PO Box 1299		Amount of Each Disbursement this Period 418.50	
City Lebanon State VA Zip Code 24266-1299	Purpose of Disbursement MEDIA-RADIO Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MEDIA-RADIO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. WMJD</b>		Transaction ID: 61203.E7501 Date of Disbursement 10 / 20 / 2006	
Mailing Address 1 RADIO DRIVE		Amount of Each Disbursement this Period 560.00	
City Grundy State VA Zip Code 24614-	Purpose of Disbursement MEDIA-RADIO Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MEDIA-RADIO	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		Transaction ID: 61203.E7644 Date of Disbursement 11 / 06 / 2006	
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 44.43	
City Atlanta State GA Zip Code 30342-4756	Purpose of Disbursement CELLULAR SERVICE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CELLULAR SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1022.93
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. A&amp;S Flying Services</b>		<b>Transaction ID:</b> 61203.E7496 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address PO Box 16489		Amount of Each Disbursement this Period 1680.00
City Bristol State VA Zip Code 24209-6489	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE Candidate Name	Category/Type	AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. A&amp;S Flying Services</b>		<b>Transaction ID:</b> 61203.E7642 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 16489		Amount of Each Disbursement this Period 1015.00
City Bristol State VA Zip Code 24209-6489	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE Candidate Name	Category/Type	AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. A&amp;S Flying Services</b>		<b>Transaction ID:</b> 61203.E7678 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address PO Box 16489		Amount of Each Disbursement this Period 1225.00
City Bristol State VA Zip Code 24209-6489	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE Candidate Name	Category/Type	AIRFARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3920.00
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Campbell Printing</b>		<b>Transaction ID:</b> 61203.E7526 <b>Date of Disbursement</b> 10 / 30 / 2006
Mailing Address PO Box 16817		Amount of Each Disbursement this Period 73.50
City Bristol State VA Zip Code 24209-6817	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Category/Type	PRINTING
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Campbell Printing</b>		<b>Transaction ID:</b> 61203.E7679 <b>Date of Disbursement</b> 11 / 17 / 2006
Mailing Address PO Box 16817		Amount of Each Disbursement this Period 365.40
City Bristol State VA Zip Code 24209-6817	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Category/Type	PRINTING
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. McCollum Bottled Water</b>		<b>Transaction ID:</b> 61203.E7676 <b>Date of Disbursement</b> 11 / 17 / 2006
Mailing Address PO Box 1037		Amount of Each Disbursement this Period 15.98
City Blountville State TN Zip Code 37617-1037	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REFRESHMENT	Category/Type	REFRESHMENT
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>454.88</b>
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Mikrotec Internet Service</b>		<b>Transaction ID:</b> 61203.E7645 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address PO Box 14106		Amount of Each Disbursement this Period 21.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lexington State KY Zip Code 40512-4106	Category/Type <input type="checkbox"/> INTERNET SERVICE	
Purpose of Disbursement INTERNET SERVICE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mark Crouse Group</b>		<b>Transaction ID:</b> 61203.E7495 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 490 SEMINARY ROAD SUITE 1020		Amount of Each Disbursement this Period 63594.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22311-	Category/Type <input type="checkbox"/> CAMPAIGN MAILER	
Purpose of Disbursement CAMPAIGN MAILER Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) <b>C. Matt Smith Music</b>		<b>Transaction ID:</b> 61203.E7476 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 422 WEST MAIN STREET		Amount of Each Disbursement this Period 472.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Abingdon State VA Zip Code 24210-	Category/Type <input type="checkbox"/> SOUND EQUIPMENT	
Purpose of Disbursement SOUND EQUIPMENT Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	64088.62
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. WGTH</b>		Transaction ID: 61203.E7573 Date of Disbursement 11 / 01 / 2006
Mailing Address 394 EDGEWATER DRIVE		Amount of Each Disbursement this Period 257.28
City Cedar Bluff	State VA Zip Code 24609-	
Purpose of Disbursement MEDIA-RADIO		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MEDIA-RADIO
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. A Servants Heart Catering</b>		Transaction ID: 61203.E7694 Date of Disbursement 11 / 06 / 2006
Mailing Address 1117 East Stuart Drive		Amount of Each Disbursement this Period 990.81
City Galax	State VA Zip Code 24333-	
Purpose of Disbursement CATERING		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CATERING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. David Ardit</b>		Transaction ID: 61203.E7539 Date of Disbursement 10 / 31 / 2006
Mailing Address 217 Harding Avenue		Amount of Each Disbursement this Period 955.20
City Blacksburg	State VA Zip Code 24060-	
Purpose of Disbursement SALARY		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2203.29
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. David Arditi</b>		<b>Transaction ID: 61203.E7570</b> Date of Disbursement 10 / 31 / 2006	
Mailing Address 217 Harding Avenue		Amount of Each Disbursement this Period 97.47	
City Blacksburg State VA Zip Code 24060-	Purpose of Disbursement TRAVEL REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT	

Full Name (Last, First, Middle Initial) <b>B. David Arditi</b>		<b>Transaction ID: 61203.E7661</b> Date of Disbursement 11 / 09 / 2006	
Mailing Address 217 Harding Avenue		Amount of Each Disbursement this Period 167.85	
City Blacksburg State VA Zip Code 24060-	Purpose of Disbursement TRAVEL REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT	

Full Name (Last, First, Middle Initial) <b>C. David Arditi</b>		<b>Transaction ID: 61203.E7667</b> Date of Disbursement 11 / 09 / 2006	
Mailing Address 217 Harding Avenue		Amount of Each Disbursement this Period 273.68	
City Blacksburg State VA Zip Code 24060-	Purpose of Disbursement TRAVEL REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>539.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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)  
Boucher for Congress Committee

<b>A. Edmund Armentrout</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 86 City Bent Mountain State VA Zip Code 24059- Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61203.C30030IK</b> Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND:
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<b>B. Bank of America</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 85350 City Louisville State KY Zip Code 40285-5350 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61203.E7635</b> Date of Disbursement 11 / 01 / 2006 Amount of Each Disbursement this Period 6322.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
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<b>C. AT&amp;T Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 8220 City Aurora State IL Zip Code 60572-0001 Purpose of Disbursement CELLULAR SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61203.E7716</b> Date of Disbursement 11 / 01 / 2006 Amount of Each Disbursement this Period 21.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CELLULAR SERVICE
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6622.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Dell Catalog Sales</b>		<b>Transaction ID:</b> 61203.E7708 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 149261		Amount of Each Disbursement this Period 62.64
City Round Rock State TX Zip Code 78682-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER EQUIPMENT	Candidate Name	<b>[MEMO ITEM]</b> MEMO: COMPUTER EQUIPMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dell Catalog Sales</b>		<b>Transaction ID:</b> 61203.E7707 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address PO Box 149261		Amount of Each Disbursement this Period 1015.34
City Round Rock State TX Zip Code 78682-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER EQUIPMENT	Candidate Name	<b>[MEMO ITEM]</b> MEMO: COMPUTER EQUIPMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Symantec</b>		<b>Transaction ID:</b> 61203.E7713 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6
Mailing Address 555 International Way		Amount of Each Disbursement this Period 57.98
City Springfield State OR Zip Code 97477-1098	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER SOFTWARE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: COMPUTER SOFTWARE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. India Garden</b>		Transaction ID: 61203.E7719 Date of Disbursement 11 / 01 / 2006	
Mailing Address 210 Prices Fork Rd		Amount of Each Disbursement this Period 17.49	
City Blacksburg State VA Zip Code 24060-3323	Purpose of Disbursement MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEAL	

Full Name (Last, First, Middle Initial) <b>B. W Millar &amp; Company Catering</b>		Transaction ID: 61203.E7709 Date of Disbursement 11 / 01 / 2006	
Mailing Address 14TH STREET NW		Amount of Each Disbursement this Period 240.65	
City Washington State DC Zip Code 20005-	Purpose of Disbursement CATERING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CATERING	

Full Name (Last, First, Middle Initial) <b>C. Comcast Of Alexandria</b>		Transaction ID: 61203.E7710 Date of Disbursement 11 / 01 / 2006	
Mailing Address 1500 Market St		Amount of Each Disbursement this Period 45.95	
City Philadelphia State PA Zip Code 19102-2109	Purpose of Disbursement INTERNET SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: INTERNET SERVICE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Charlie Palmer Steak</b>		Transaction ID: 61203.E7711 Date of Disbursement 11 / 01 / 2006
Mailing Address 101 Constitution Ave NW		Amount of Each Disbursement this Period 712.80
City Washington State DC Zip Code 20001-2133	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Inn At Virginia Tech</b>		Transaction ID: 61203.E7718 Date of Disbursement 11 / 01 / 2006
Mailing Address 901 PRICES FORK ROAD, MAIL CODE 01		Amount of Each Disbursement this Period 89.10
City Blacksburg State VA Zip Code 24061-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEAL Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: MEAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Heartland Services</b>		Transaction ID: 61203.E7729 Date of Disbursement 11 / 01 / 2006
Mailing Address 14206 Overbrook		Amount of Each Disbursement this Period 484.99
City Shawnee Mission State KS Zip Code 66224-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER REPAIR Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: COMPUTER REPAIR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. The Doctors Inn</b>		Transaction ID: 61203.E7735 Date of Disbursement 11 / 01 / 2006
Mailing Address 406 West Stuart Drive		Amount of Each Disbursement this Period 254.66
City Galax State VA Zip Code 24333-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	<b>[MEMO ITEM]</b> MEMO: LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cuzs Cabin &amp; Restaurant</b>		Transaction ID: 61203.E7738 Date of Disbursement 11 / 01 / 2006
Mailing Address Route 460		Amount of Each Disbursement this Period 82.45
City Pounding Mill State VA Zip Code 24637-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEAL	Candidate Name	<b>[MEMO ITEM]</b> MEMO: MEAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cuzs Cabin &amp; Restaurant</b>		Transaction ID: 61203.E7737 Date of Disbursement 11 / 01 / 2006
Mailing Address Route 460		Amount of Each Disbursement this Period 148.50
City Pounding Mill State VA Zip Code 24637-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	<b>[MEMO ITEM]</b> MEMO: LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Les Halles</b>		Transaction ID: 61203.E7706 Date of Disbursement 11 / 01 / 2006	
Mailing Address 1201 Pennsylvania Ave NW		Amount of Each Disbursement this Period 2115.75	
City Washington State DC Zip Code 20004-2402	Purpose of Disbursement CATERING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: CATERING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. The Depot Lodge</b>		Transaction ID: 61203.E7722 Date of Disbursement 11 / 01 / 2006	
Mailing Address Highway 311		Amount of Each Disbursement this Period 174.90	
City Paint Bank State VA Zip Code 24131-	Purpose of Disbursement LODGING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: LODGING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. The Tavern</b>		Transaction ID: 61203.E7715 Date of Disbursement 11 / 01 / 2006	
Mailing Address 222 East Main Street		Amount of Each Disbursement this Period 184.84	
City Abingdon State VA Zip Code 24210-	Purpose of Disbursement MEAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: MEAL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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)  
Boucher for Congress Committee

<b>A. Steve Barr</b> Full Name (Last, First, Middle Initial) Mailing Address 105 S Main St City Galax State VA Zip Code 24333-3909 Purpose of Disbursement ENTERTAINMENT-BAND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61203.E7659</b> Date of Disbursement 11 / 06 / 2006 Amount of Each Disbursement this Period 550.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ENTERTAINMENT-BAND
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<b>B. John Bassett</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 110 City Galax State VA Zip Code 24333-0110 Purpose of Disbursement FUNDRAISING EVENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61203.E7470</b> Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 699.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING EVENT
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<b>C. Bluefield Daily Telegraph</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1599 City Bluefield State WV Zip Code 24701-1599 Purpose of Disbursement ADVERTISING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61203.E7493</b> Date of Disbursement 10 / 19 / 2006 Amount of Each Disbursement this Period 450.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1700.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Boucher Rick</b>		Transaction ID: 61203.E7671 Date of Disbursement 11 / 10 / 2006
Mailing Address 123 E Main St		Amount of Each Disbursement this Period 35.00
City Abingdon State VA Zip Code 24210-2807	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Brandon Bull</b>		Transaction ID: 61203.E7520 Date of Disbursement 10 / 30 / 2006
Mailing Address PO Box 169		Amount of Each Disbursement this Period 1121.85
City Riner State VA Zip Code 24149-0170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Brandon Bull</b>		Transaction ID: 61203.E7534 Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 169		Amount of Each Disbursement this Period 1320.77
City Riner State VA Zip Code 24149-0170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2477.62
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Brandon Bull</b>		<b>Transaction ID:</b> 61203.E7655 <b>Date of Disbursement</b> MM / DD / YYYY 11 / 07 / 2006
Mailing Address PO Box 169		Amount of Each Disbursement this Period 553.58
City Riner State VA Zip Code 24149-0170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Brandon Bull</b>		<b>Transaction ID:</b> 61203.E7660 <b>Date of Disbursement</b> MM / DD / YYYY 11 / 09 / 2006
Mailing Address PO Box 169		Amount of Each Disbursement this Period 127.27
City Riner State VA Zip Code 24149-0170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Phillip Burnette</b>		<b>Transaction ID:</b> 61203.E7691 <b>Date of Disbursement</b> MM / DD / YYYY 11 / 17 / 2006
Mailing Address 611 Jeb Stuart Rd		Amount of Each Disbursement this Period 300.00
City Martinsville State VA Zip Code 24112-0625	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLL WORKER	Candidate Name	POLL WORKER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	980.85
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Miranda Canody</b>		<b>Transaction ID: 61203.E7540</b> Date of Disbursement 10 / 31 / 2006
Mailing Address 19237 Waylon Dr		Amount of Each Disbursement this Period 1171.25
City Abingdon State VA Zip Code 24211-6647	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Category/ Type	SALARY
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Miranda Canody</b>		<b>Transaction ID: 61203.E7647</b> Date of Disbursement 11 / 06 / 2006
Mailing Address 19237 Waylon Dr		Amount of Each Disbursement this Period 122.20
City Abingdon State VA Zip Code 24211-6647	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Category/ Type	TRAVEL REIMBURSEMENT
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Miranda Canody</b>		<b>Transaction ID: 61203.E7674</b> Date of Disbursement 11 / 16 / 2006
Mailing Address 19237 Waylon Dr		Amount of Each Disbursement this Period 175.20
City Abingdon State VA Zip Code 24211-6647	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Category/ Type	TRAVEL REIMBURSEMENT
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1468.65
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Thomas Childress</b>		<b>Transaction ID:</b> 61203.E7523 <b>Date of Disbursement</b> 10 / 30 / 2006
Mailing Address PO Box 391		Amount of Each Disbursement this Period 300.00
City Pocahontas      State VA      Zip Code 24635-0391	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING-GOTV	Candidate Name	CONSULTING-GOTV
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ms. Rebecca Coleman</b>		<b>Transaction ID:</b> 61203.E7530 <b>Date of Disbursement</b> 10 / 31 / 2006
Mailing Address PO Box 217		Amount of Each Disbursement this Period 442.75
City Gate City      State VA      Zip Code 24251-0217	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ms. Rebecca Coleman</b>		<b>Transaction ID:</b> 61203.E7662 <b>Date of Disbursement</b> 11 / 09 / 2006
Mailing Address PO Box 217		Amount of Each Disbursement this Period 196.27
City Gate City      State VA      Zip Code 24251-0217	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	939.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Damascus Rescue Squad Auxiliary</b>		<b>Transaction ID:</b> 61203.E7516 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address Government Road		Amount of Each Disbursement this Period 1575.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Damascus State VA Zip Code 24236-	Category/Type <input type="checkbox"/>	
Purpose of Disbursement CATERING	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CATERING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) <b>B. Linda Diyorio</b>		<b>Transaction ID:</b> 61203.E7571 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 205 W Ridge St		Amount of Each Disbursement this Period 4048.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wytheville State VA Zip Code 24382-1926	Category/Type <input type="checkbox"/>	
Purpose of Disbursement SALARY	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) <b>C. Linda Diyorio</b>		<b>Transaction ID:</b> 61203.E7648 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 205 W Ridge St		Amount of Each Disbursement this Period 1656.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wytheville State VA Zip Code 24382-1926	Category/Type <input type="checkbox"/>	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7279.95
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T (First Virginia Bank)</b>		<b>Transaction ID: 61203.E7657</b> Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 498 Cummings St		Amount of Each Disbursement this Period 4703.16	
City Abingdon State VA Zip Code 24210-3220	Purpose of Disbursement FEDERAL TAX DEPOSIT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	FEDERAL TAX DEPOSIT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Glen Foster</b>		<b>Transaction ID: 61203.E7525</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address PO Box 1373		Amount of Each Disbursement this Period 150.00	
City Abingdon State VA Zip Code 24212-1373	Purpose of Disbursement CLEANING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	CLEANING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Connie Gillespie</b>		<b>Transaction ID: 61203.E7533</b> Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address RR 1 Box 462		Amount of Each Disbursement this Period 1415.48	
City Lebanon State VA Zip Code 24266-9787	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	SALARY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6268.64
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. Travis Hill</b>		<b>Transaction ID: 61203.E7524</b> Date of Disbursement 10 / 30 / 2006	
Mailing Address PO Box 906		Amount of Each Disbursement this Period 285.02	
City Chilhowie State VA Zip Code 24319-0906	Purpose of Disbursement AIRFARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type AIRFARE	

Full Name (Last, First, Middle Initial) <b>B. Mr. Travis Hill</b>		<b>Transaction ID: 61203.E7665</b> Date of Disbursement 11 / 09 / 2006	
Mailing Address PO Box 906		Amount of Each Disbursement this Period 765.00	
City Chilhowie State VA Zip Code 24319-0906	Purpose of Disbursement AIRFARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type AIRFARE	

Full Name (Last, First, Middle Initial) <b>C. K-mart</b>		<b>Transaction ID: 61203.E7519</b> Date of Disbursement 10 / 30 / 2006	
Mailing Address Towne Center		Amount of Each Disbursement this Period 18.89	
City Abingdon State VA Zip Code 24210-	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type OFFICE SUPPLIES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1068.91
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. K-mart</b>		Transaction ID: 61203.E7638 Date of Disbursement 11 / 06 / 2006	
Mailing Address    Towne Center		Amount of Each Disbursement this Period 20.99	
City Abingdon	State VA	Zip Code 24210-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:	OFFICE SUPPLIES		

Full Name (Last, First, Middle Initial) <b>B. Ms. Regina Kinder</b>		Transaction ID: 61203.E7532 Date of Disbursement 10 / 31 / 2006	
Mailing Address    8802 River Mountain Rd		Amount of Each Disbursement this Period 1335.45	
City Lebanon	State VA	Zip Code 24266-4351	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement WAGES		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:	WAGES		

Full Name (Last, First, Middle Initial) <b>C. Ms. Regina Kinder</b>		Transaction ID: 61203.E7668 Date of Disbursement 11 / 09 / 2006	
Mailing Address    8802 River Mountain Rd		Amount of Each Disbursement this Period 56.96	
City Lebanon	State VA	Zip Code 24266-4351	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TRAVEL REIMBURSEMENT		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                  District:	TRAVEL REIMBURSEMENT		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1413.40</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Courtney Lamie</b>		<b>Transaction ID: 61203.E7538</b> Date of Disbursement 10 / 31 / 2006	
Mailing Address 20167 Avondale Rd		Amount of Each Disbursement this Period 34.63	
City Abingdon State VA Zip Code 24211-6941	Purpose of Disbursement WAGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	WAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Courtney Lamie</b>		<b>Transaction ID: 61203.E7672</b> Date of Disbursement 11 / 16 / 2006	
Mailing Address 20167 Avondale Rd		Amount of Each Disbursement this Period 237.18	
City Abingdon State VA Zip Code 24211-6941	Purpose of Disbursement TRAVEL REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	TRAVEL REIMBURSEMENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. George Lester</b>		<b>Transaction ID: 61203.C30032IK</b> Date of Disbursement 10 / 26 / 2006	
Mailing Address PO Box 4782		Amount of Each Disbursement this Period 849.00	
City Martinsville State VA Zip Code 24115-4782	Purpose of Disbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	IN KIND:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1120.81
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Derek Lyall</b>		<b>Transaction ID:</b> 61203.E7518 <b>Date of Disbursement</b> 10 / 30 / 2006
Mailing Address PO Box 905		Amount of Each Disbursement this Period 296.44
City Clintwood State VA Zip Code 24228-0905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT Candidate Name	Category/Type	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Derek Lyall</b>		<b>Transaction ID:</b> 61203.E7535 <b>Date of Disbursement</b> 10 / 31 / 2006
Mailing Address PO Box 905		Amount of Each Disbursement this Period 615.45
City Clintwood State VA Zip Code 24228-0905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY Candidate Name	Category/Type	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Derek Lyall</b>		<b>Transaction ID:</b> 61203.E7666 <b>Date of Disbursement</b> 11 / 09 / 2006
Mailing Address PO Box 905		Amount of Each Disbursement this Period 487.50
City Clintwood State VA Zip Code 24228-0905	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT Candidate Name	Category/Type	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1399.39</b>
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Derek Lyall</b>		<b>Transaction ID: 61203.E7670</b> Date of Disbursement 11 / 16 / 2006	
Mailing Address PO Box 905		Amount of Each Disbursement this Period 97.56	
City Clintwood State VA Zip Code 24228-0905	Purpose of Disbursement TRAVEL REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT	

Full Name (Last, First, Middle Initial) <b>B. J. D. Morefield Esq.</b>		<b>Transaction ID: 61203.E7509</b> Date of Disbursement 10 / 24 / 2006	
Mailing Address PO Box 1327		Amount of Each Disbursement this Period 800.00	
City Abingdon State VA Zip Code 24212-1327	Purpose of Disbursement RENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT	

Full Name (Last, First, Middle Initial) <b>C. Patrick County NAACP</b>		<b>Transaction ID: 61203.E7646</b> Date of Disbursement 11 / 06 / 2006	
Mailing Address PO Box 758		Amount of Each Disbursement this Period 200.00	
City Patrick Springs State VA Zip Code 24133-0758	Purpose of Disbursement DONATION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DONATION	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1097.56
<b>TOTAL</b> 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 75 / 86

<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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Betty Nave</b>		<b>Transaction ID: 61203.E7567</b>	
Mailing Address 1615 McKinley Ave		Date of Disbursement 10 / 31 / 2006	
City Bristol	State VA	Zip Code 24201-4941	Amount of Each Disbursement this Period 844.47
Purpose of Disbursement WAGES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	WAGES		

Full Name (Last, First, Middle Initial) <b>B. John Noble</b>		<b>Transaction ID: 61203.E7521</b>	
Mailing Address 1855 CALVER STREET		Date of Disbursement 10 / 30 / 2006	
City Washington	State DC	Zip Code 20009-	Amount of Each Disbursement this Period 65.92
Purpose of Disbursement TRAVEL REIMBURSEMENT		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	TRAVEL REIMBURSEMENT		

Full Name (Last, First, Middle Initial) <b>C. John Noble</b>		<b>Transaction ID: 61203.E7664</b>	
Mailing Address 1855 CALVER STREET		Date of Disbursement 11 / 09 / 2006	
City Washington	State DC	Zip Code 20009-	Amount of Each Disbursement this Period 577.25
Purpose of Disbursement TRAVEL REIMBURSEMENT		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	TRAVEL REIMBURSEMENT		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1487.64</b>
<b>TOTAL</b> 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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Amanda Potter</b>		<b>Transaction ID: 61203.E7536</b> Date of Disbursement 10 / 31 / 2006	
Mailing Address 927 N Highland St		Amount of Each Disbursement this Period 1381.00	
City Arlington State VA Zip Code 22201-3752	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	SALARY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Amanda Potter</b>		<b>Transaction ID: 61203.E7675</b> Date of Disbursement 11 / 17 / 2006	
Mailing Address 927 N Highland St		Amount of Each Disbursement this Period 191.70	
City Arlington State VA Zip Code 22201-3752	Purpose of Disbursement TRAVEL REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	TRAVEL REIMBURSEMENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Governor Reid</b>		<b>Transaction ID: 61203.E7473</b> Date of Disbursement 10 / 19 / 2006	
Mailing Address 19 Samuel Hairston School Rd		Amount of Each Disbursement this Period 335.00	
City Martinsville State VA Zip Code 24112-7104	Purpose of Disbursement CATERING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	CATERING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1907.70
<b>TOTAL</b> 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)  
Boucher for Congress Committee

**A. FELICIA SHELOR**

Full Name (Last, First, Middle Initial)

Mailing Address 2616 JEB STUART HIGHWAY

City Meadows Of Dan State VA Zip Code 24120-

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 61203.E7502  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

LODGING

**B. Stephen Smith**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1158

City Abingdon State VA Zip Code 24210-1158

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 61203.C30031IK  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

IN KIND:

**C. Southwest Advertising**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 370

City Glade Spring State VA Zip Code 24340-0370

Purpose of Disbursement  
CAMPAIGN MATERIALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 61203.E7513  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

CAMPAIGN MATERIALS

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

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

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<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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. The Bread Basket Restaurant</b>		<b>Transaction ID:</b> 61203.E7504 <b>Date of Disbursement</b> 10 / 23 / 2006
Mailing Address PO Box 327		Amount of Each Disbursement this Period 410.23
City New Castle State VA Zip Code 24127-0327	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING Candidate Name	Category/Type	CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Coalfield Progress</b>		<b>Transaction ID:</b> 61203.E7490 <b>Date of Disbursement</b> 10 / 19 / 2006
Mailing Address PO Box 250		Amount of Each Disbursement this Period 528.73
City Big Stone Gap State VA Zip Code 24219-0250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING Candidate Name	Category/Type	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Enterprise</b>		<b>Transaction ID:</b> 61203.E7480 <b>Date of Disbursement</b> 10 / 19 / 2006
Mailing Address PO Box 348		Amount of Each Disbursement this Period 150.00
City Stuart State VA Zip Code 24171-0348	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING Candidate Name	Category/Type	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1088.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. The Peppermill</b>		<b>Transaction ID:</b> 61203.E7656 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 967 W Main St		Amount of Each Disbursement this Period 190.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Abingdon State VA Zip Code 24210-2427	Purpose of Disbursement MEAL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEAL

Full Name (Last, First, Middle Initial) <b>B. The Virginia Review</b>		<b>Transaction ID:</b> 61203.E7491 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 128 N Maple Ave		Amount of Each Disbursement this Period 222.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Covington State VA Zip Code 24426-1545	Purpose of Disbursement ADVERTISING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING

Full Name (Last, First, Middle Initial) <b>C. Virginia Department of Taxation</b>		<b>Transaction ID:</b> 61203.E7658 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 27264		Amount of Each Disbursement this Period 775.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23261-7264	Purpose of Disbursement VA-05 STATE WITHHOLDING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	VA-05 STATE WITHHOLDING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1189.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Joan Washburn</b>		Transaction ID: 61203.E7472 Date of Disbursement 10 / 19 / 2006	
Mailing Address 3365 Kelly Ln		Amount of Each Disbursement this Period 200.00	
City Roanoke State VA Zip Code 24018-5031	Purpose of Disbursement CONSULTING-FUNDRAISER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONSULTING-FUNDRAISER	

Full Name (Last, First, Middle Initial) <b>B. WCYB-TV</b>		Transaction ID: 61203.E7505 Date of Disbursement 10 / 24 / 2006	
Mailing Address 101 Lee St		Amount of Each Disbursement this Period 3307.04	
City Bristol State VA Zip Code 24201-4355	Purpose of Disbursement PRODUCTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRODUCTION	

Full Name (Last, First, Middle Initial) <b>C. WCYB-TV</b>		Transaction ID: 61203.E7522 Date of Disbursement 10 / 30 / 2006	
Mailing Address 101 Lee St		Amount of Each Disbursement this Period 120.00	
City Bristol State VA Zip Code 24201-4355	Purpose of Disbursement PRODUCTION	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRODUCTION	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3627.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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ITEMIZED DISBURSEMENTS**

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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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Wfnr/wbrw</b>		<b>Transaction ID: 61203.E7498</b> Date of Disbursement 10 / 20 / 2006	
Mailing Address 7080 Lee Hwy		Amount of Each Disbursement this Period 5320.00	
City Fairlawn State VA Zip Code 24141-8416	Purpose of Disbursement MEDIA-RADIO	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEDIA-RADIO	

Full Name (Last, First, Middle Initial) <b>B. Mr. John Williams</b>		<b>Transaction ID: 61203.E7497</b> Date of Disbursement 10 / 20 / 2006	
Mailing Address PO Box 835		Amount of Each Disbursement this Period 783.41	
City Damascus State VA Zip Code 24236-0835	Purpose of Disbursement TRAVEL REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT	

Full Name (Last, First, Middle Initial) <b>C. Mr. John Williams</b>		<b>Transaction ID: 61203.E7517</b> Date of Disbursement 10 / 27 / 2006	
Mailing Address PO Box 835		Amount of Each Disbursement this Period 231.50	
City Damascus State VA Zip Code 24236-0835	Purpose of Disbursement TRAVEL REIMBURSEMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6334.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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ITEMIZED DISBURSEMENTS**

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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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Mr. John Williams</b>		<b>Transaction ID: 61203.E7529</b> Date of Disbursement 10 / 31 / 2006
Mailing Address PO Box 835		Amount of Each Disbursement this Period 764.50
City Damascus State VA Zip Code 24236-0835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mr. John Williams</b>		<b>Transaction ID: 61203.E7673</b> Date of Disbursement 11 / 16 / 2006
Mailing Address PO Box 835		Amount of Each Disbursement this Period 617.54
City Damascus State VA Zip Code 24236-0835	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL REIMBURSEMENT	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kim Willis</b>		<b>Transaction ID: 61203.E7537</b> Date of Disbursement 10 / 31 / 2006
Mailing Address 300 Beech St Apt C6		Amount of Each Disbursement this Period 23.09
City Bristol State VA Zip Code 24201-2576	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WAGES	Candidate Name	WAGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1405.13</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. John Wine</b>		Transaction ID: 61203.E7471 Date of Disbursement 10 / 19 / 2006	
Mailing Address 2713 Avenham Ave SW		Amount of Each Disbursement this Period 3727.54	
City Roanoke State VA Zip Code 24014-1526	Purpose of Disbursement FUNDRAISING EVENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EVENT	

Full Name (Last, First, Middle Initial) <b>B. Wordsprint</b>		Transaction ID: 61203.E7469 Date of Disbursement 10 / 19 / 2006	
Mailing Address 190 W Spring St		Amount of Each Disbursement this Period 3009.86	
City Wytheville State VA Zip Code 24382-2650	Purpose of Disbursement PRINTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING	

Full Name (Last, First, Middle Initial) <b>C. Wordsprint</b>		Transaction ID: 61203.E7527 Date of Disbursement 10 / 30 / 2006	
Mailing Address 190 W Spring St		Amount of Each Disbursement this Period 3269.70	
City Wytheville State VA Zip Code 24382-2650	Purpose of Disbursement PRINTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10007.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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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)  
Boucher for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Wpsk</b>		<b>Transaction ID:</b> 61203.E7477 <b>Date of Disbursement</b> 10 / 19 / 2006
Mailing Address 7080 Lee Hwy		Amount of Each Disbursement this Period 1750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairlawn State VA Zip Code 24141-8416	Category/Type	
Purpose of Disbursement MEDIA-RADIO Candidate Name		MEDIA-RADIO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. WWWJ/WBFR</b>		<b>Transaction ID:</b> 61203.E7475 <b>Date of Disbursement</b> 10 / 19 / 2006
Mailing Address 325 Poplar Knob Rd		Amount of Each Disbursement this Period 738.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Galax State VA Zip Code 24333-4106	Category/Type	
Purpose of Disbursement MEDIA-RADIO Candidate Name		MEDIA-RADIO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Wxbx/wyve</b>		<b>Transaction ID:</b> 61203.E7499 <b>Date of Disbursement</b> 10 / 20 / 2006
Mailing Address PO Box 534		Amount of Each Disbursement this Period 1400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wytheville State VA Zip Code 24382-0534	Category/Type	
Purpose of Disbursement MEDIA-RADIO Candidate Name		MEDIA-RADIO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3888.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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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)  
Boucher for Congress Committee

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

Mailing Address 114 W Main St

City Marion State VA Zip Code 24354-2514

Purpose of Disbursement  
MEDIA-RADIO

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 61203.E7531

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		3	1		2	0	0	6

Amount of Each Disbursement this Period

1872.00
---------

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

MEDIA-RADIO

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

1872.00

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

149086.38

**Image# 27931199865**

Form/Schedule: **F3A**      This report is being amended to reflect the contribution received after 11/08/06 are designated to the 2008 Primary election.  
Transaction ID: **C00178418**

\*\*\*\*\*