

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

ADDRESS (number and street) 607 14th Street, NW, Suite 800
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00391961
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2005 through 12 31 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Edward Silverman
Signature of Treasurer Electronically Filed by Edward Silverman Date 04 20 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		77388.35
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	256168.95									
(c) Total Receipts (from Line 19)	155751.55	562156.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	411920.50	639545.25								
7. Total Disbursements (from Line 31)	227982.44	455607.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	183938.06	183938.06								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	35250.00	219350.00
(i) Itemized (use Schedule A)	0.00	450.00
(ii) Unitemized	35250.00	219800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	113000.00	332450.00
(c) Other Political Committees (such as PACs)	148250.00	552250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1885.40	3214.99
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5616.15	6691.91
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	155751.55	562156.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	155751.55	562156.90

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	170482.44	278107.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	170482.44	278107.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57500.00	172500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	227982.44	455607.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	227982.44	455607.19

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	148250.00	552250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	148250.00	552250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	170482.44	278107.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	1885.40	3214.99
38. Net Operating Expenditures (subtract Line 37 from Line 36)	168597.04	274892.20

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Mitchell Feuer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5	
Mailing Address 1628 S Street, NW Number 2		Transaction ID: C646	
City State Zip Code Washington DC 20009		Amount of Each Receipt this Period 4750.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Government Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Ben Barnes		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 5	
Mailing Address 98 Jacinto Boulevard Suite 250		Transaction ID: C594	
City State Zip Code Austin TX 78701-4251		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Entrecorp Occupation President & CEO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Mark Hollander		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5	
Mailing Address 6130 North Central Park Avenue		Transaction ID: C624	
City State Zip Code Chicago IL 60659		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ITEX Corporation Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Avrom H. Goldfeder

Mailing Address 6030 North Bernard

City State Zip Code
Chicago IL 60659

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

Name of Employer Occupation
MTS Consulting, Inc. Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2005

Transaction ID: C626

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Joel P. Johnson

Mailing Address 6012 Euclid Street

City State Zip Code
Cheverly MD 20785

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

Name of Employer Occupation
Glover Park Group Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2005

Transaction ID: C668

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Henry C. Cashen, II

Mailing Address 2101 L Street, NW

City State Zip Code
Washington DC 20037

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

Name of Employer Occupation
Dickstein Shapiro Morin & Oshinsky Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2005

Transaction ID: C664

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Chris Locke		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 299 Oak Avenue		Transaction ID: C656
City State Zip Code San Anselmo CA 94960	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Farella Braun Mantel Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Donald L. Fowler		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1698 Woodlake Drive		Transaction ID: C661
City State Zip Code Columbia SC 29206	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Fowler Communications Inc. Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. The Mohegan Tribe		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 5
Mailing Address 5 Crow Hill Road		Transaction ID: C593
City State Zip Code Uncasville CT 06382	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Laurie D. Sullivan		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5	
Mailing Address 3014 Cambridge Place, NW		Transaction ID: C647	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Sullivan & Baldick		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Marshall S. Ruben		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5	
Mailing Address 10 North Branford Road		Transaction ID: C625	
City State Zip Code Wallingford CT 06492		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ruben Johnson & Morgan PC		Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Carl A. Smith, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address 508 Queen Street		Transaction ID: C667	
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Glover Park Group		Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Joseph P. Lockhart		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 3060 Oliver Street, NW		Transaction ID: C665
City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Glover Park Group	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Melanie Barnes		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 5
Mailing Address 98 San Jacinto Boulevard		Transaction ID: C595
City Austin	State TX	Zip Code 78701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Self Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Lisa S. Andrews		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 8008 Algarve Street		Transaction ID: C644
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Ameriquest Mortgage	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Michael B. Feldman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address 1744 Swann Street, NW		Transaction ID: C666	
City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Glover Park Group	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Howard Wolfson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address 11 East 92nd Street Apartment 2R		Transaction ID: C670	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Glover Park Group	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Nelson W. Cunningham		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 2 / 2 0 0 5	
Mailing Address 1515 31st Street, NW		Transaction ID: C612	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kissinger McLarty Associates	Occupation Managing Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. John D. Raffaelli		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 503 High Street		Transaction ID: C640
City State Zip Code Alexandria VA 22302	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Washington Group	Occupation Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Maura L. Melley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 12 Woodside Circle		Transaction ID: C630
City State Zip Code Hartford CT 06115	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dona D. Young		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 64 Waterside Lane		Transaction ID: C631
City State Zip Code West Hartford CT 06107	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Phoenix Company	Occupation CEO, Chairman, & President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	35250.00

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

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

FOR LINE NUMBER: PAGE 13 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial)
A. Allied Capital Corporation Political Action Committee

Mailing Address 1919 Pennsylvania Avenue, NW
Suite 300

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00406884

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2005

Transaction ID: C614

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. United Parcel Service, Inc. Political Action Committee

Mailing Address 55 Glenlake Parkway, NE

City State Zip Code
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2005

Transaction ID: C615

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Office of Commissioner/Major League Baseball PAC

Mailing Address 1050 Connecticut Avenue, NW
Suite 1100

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00368142

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2005

Transaction ID: C613

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► 9500.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Office of Commissioner/Major League Baseball PAC

Mailing Address 1050 Connecticut Avenue, NW
Suite 1100

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00368142

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: C669

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
Providian Financial Corporation PAC

Mailing Address 201 Mission Street
28th Floor

City State Zip Code
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C** C00327908

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 5

Transaction ID: C627

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Anheuser-Busch Companies, Inc. PAC

Mailing Address One Busch Place 202-5

City State Zip Code
Saint Louis MO 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: C638

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **10500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 103
	(check only one)	
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Zurich Holding Company of America Comm. For Good Gov't

Mailing Address 1201 F Street, NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00235036

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 5

Transaction ID: C643

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Committee on Political Action of the American Postal Workers Union, AFL-CIO

Mailing Address 1300 L Street, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

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

Transaction ID: C657

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Mortgage Bankers Association of America PAC

Mailing Address 1919 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20006-3438

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 5

Transaction ID: C642

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	11500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. American Resort Development Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 15th Street, NW
 Suite 400
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00129932
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 0 5
Transaction ID: C637
 Amount of Each Receipt this Period
 5000.00

B. Bryan Cave LLP Political Action Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Thirteenth Street, NW
 Suite 700
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00332643
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 4 / 2 0 0 5
Transaction ID: C632
 Amount of Each Receipt this Period
 2500.00

C. Bryan Cave LLP Political Action Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Thirteenth Street, NW
 Suite 700
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00332643
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 5
Transaction ID: C648
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional) ► 10000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 17 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Walt Disney Productions Employees PAC

Mailing Address 1150 17th Street, NW
Suite 400

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00197749

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C628

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Federal National Mortgage Association PAC

Mailing Address 3900 Wisconsin Avenue, NW

City State Zip Code
Washington DC 20016

FEC ID number of contributing federal political committee. **C** C00393520

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C655

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Financial Planning Association PAC

Mailing Address 1615 L Street, NW
Suite 650

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00370130

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: C629

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Bank of America Corporation State & Federal Political Action Committee

Mailing Address 600 Peachtree Street, NE
3rd Floor

City Atlanta State GA Zip Code 30308

FEC ID number of contributing federal political committee. **C** C00043489

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: C636

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
UST Executives Administrators & Managers PAC

Mailing Address 100 West Putnam Avenue

City Greenwich State CT Zip Code 06830

FEC ID number of contributing federal political committee. **C** C00104851

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 5

Transaction ID: C652

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Engineered Support Systems, Inc. Political Action Committee

Mailing Address 201 Evans Lane

City Saint Louis State MO Zip Code 63121

FEC ID number of contributing federal political committee. **C** C00350702

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: C654

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **9500.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Pitney Bowes Inc. PAC

Mailing Address 1 Elmcroft Road
MSC 6423

City State Zip Code
Stamford CT 06926

FEC ID number of contributing federal political committee. **C** C00339499

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: C658

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Phoenix Companies, Inc. PAC

Mailing Address One American Row

City State Zip Code
Hartford CT 06102

FEC ID number of contributing federal political committee. **C** C00168203

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

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

Transaction ID: C634

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
America's Community Bankers Community Campaign Committee

Mailing Address 900 19th Street, NW
Suite 400

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00001875

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C662

Amount of Each Receipt this Period
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 20 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Securities Industry Association PAC

Mailing Address 1425 K Street, NW
7th Floor

City State Zip Code
Washington DC 20005-3500

FEC ID number of contributing federal political committee. **C** C00067504

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 5

Transaction ID: C641

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Johnson & Johnson Employees' Good Gov't Fund

Mailing Address One Johnson & Johnson Plaza

City State Zip Code
New Brunswick NJ 08933

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 5

Transaction ID: C645

Amount of Each Receipt this Period
4000.00

C. Full Name (Last, First, Middle Initial)
PricewaterhouseCoopers Political Action Committee

Mailing Address 1301 K Street, NW
Suite 700 West

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 5

Transaction ID: C620

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 14000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 103
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Direct Voice, The Political Action Committee of The Direct Marketing Association		Date of Receipt
Mailing Address 1111 19th Street, NW Suite 1100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 9 / 2 3 / 2 0 0 5
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee. C C00235309		Transaction ID: C621
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼ 2000.00		1000.00

Full Name (Last, First, Middle Initial) B. Direct Voice, The Political Action Committee of The Direct Marketing Association		Date of Receipt
Mailing Address 1111 19th Street, NW Suite 1100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 0 / 2 0 0 5
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee. C C00235309		Transaction ID: C663
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼ 2000.00		1000.00

Full Name (Last, First, Middle Initial) C. American Council of Life Insurers PAC		Date of Receipt
Mailing Address 101 Constitution Avenue NW Suite 700 West		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 7 / 2 2 / 2 0 0 5
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee. C C00147066		Transaction ID: C611
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼ 5000.00		2500.00

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 103
	(check only one)	
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. The Bond Market Association PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5	
Mailing Address 1399 New York Ave NW 8th Floor		Transaction ID: C651	
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00158980			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. UnitedHealth Group, Incorporated Political Fund		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5	
Mailing Address 9900 Bren Road East		Transaction ID: C639	
City Minnetonka State MN Zip Code 55343	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C C00274431			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. American Institute of Certified Public Accountants PAC		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 5	
Mailing Address Harborside Financial Center 201 Plaza III		Transaction ID: C616	
City Jersey City State NJ Zip Code 07311	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00077321			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 23 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. American Insurance Association PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1130 Connecticut Avenue, NW
 Suite 1000
 City State Zip Code
 Washington DC 20036
 FEC ID number of contributing federal political committee. **C** C00103143
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 5
Transaction ID: C650
 Amount of Each Receipt this Period
 1500.00

B. J.P. Morgan Chase & Co. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 270 Park Avenue
 29th Floor
 City State Zip Code
 New York NY 10017
 FEC ID number of contributing federal political committee. **C** C00128512
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 1 / 2 0 0 5
Transaction ID: C633
 Amount of Each Receipt this Period
 5000.00

C. New York Stock Exchange, Inc. Employee Political Action Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Pennsylvania Avenue, NW
 Suite 630
 City State Zip Code
 Washington DC 20004
 FEC ID number of contributing federal political committee. **C** C00402974
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 5
Transaction ID: C635
 Amount of Each Receipt this Period
 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 103
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Morgan Stanley PAC

Mailing Address 1585 Broadway 39th Floor

City State Zip Code
New York NY 10036

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2005

Transaction ID: C623

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1585 Broadway 39th Floor

City State Zip Code
New York NY 10036

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2005

Transaction ID: C622

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1585 Broadway 39th Floor

City State Zip Code
New York NY 10036

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2005

Transaction ID: C653

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 103
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Morgan Stanley PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 1585 Broadway 39th Floor		Transaction ID: C660
City State Zip Code New York NY 10036	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00337626		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Chubb Corporation PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 5 / 2 0 0 5
Mailing Address 15 Mountain View Road PO Box 1651		Transaction ID: C592
City State Zip Code Warren NJ 07059	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00229203		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Vanguard Committee for Responsible Government		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 400 Devon Park Drive		Transaction ID: C659
City State Zip Code Wayne PA 19087	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00410266		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	113000.00

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

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

FOR LINE NUMBER: PAGE 26 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
U.S. Airways
Mailing Address 1776 K Street, NW
City State Zip Code
Washington DC 20006
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
284.10

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 5
Transaction ID: C704
Amount of Each Receipt this Period
284.10
Refund

B. Full Name (Last, First, Middle Initial)
Continental Airlines
Mailing Address 1600 Smith Street
City State Zip Code
Houston TX 77002
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
327.70

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 5
Transaction ID: C680
Amount of Each Receipt this Period
327.70
Refund

C. Full Name (Last, First, Middle Initial)
Paychex
Mailing Address 3060 Williams Drive Suite 3060
City State Zip Code
Fairfax VA 22031
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1273.60

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 5
Transaction ID: C685
Amount of Each Receipt this Period
402.83
Refund

SUBTOTAL of Receipts This Page (optional) ► **1014.63**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 103
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Paychex

Mailing Address 3060 Williams Drive
Suite 3060

City State Zip Code
Fairfax VA 22031

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1273.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	5

Transaction ID: C686

Amount of Each Receipt this Period
870.77

Refund

SUBTOTAL of Receipts This Page (optional)	▶	870.77
TOTAL This Period (last page this line number only)	▶	1885.40

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

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

FOR LINE NUMBER: PAGE 28 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Citibank, F.S.B.
Mailing Address 1400 G Street, N.W.
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1044.77

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2005
Transaction ID: C701
Amount of Each Receipt this Period
215.13
* Interest

B. Full Name (Last, First, Middle Initial)
Citibank, F.S.B.
Mailing Address 1400 G Street, N.W.
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1044.77

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 31 / 2005
Transaction ID: C712
Amount of Each Receipt this Period
278.51
* Interest

C. Full Name (Last, First, Middle Initial)
Citibank, F.S.B.
Mailing Address 1400 G Street, N.W.
City State Zip Code
Washington DC 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1044.77

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 30 / 2005
Transaction ID: C713
Amount of Each Receipt this Period
270.22
* Interest

SUBTOTAL of Receipts This Page (optional) ► **763.86**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 103
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Citibank, F.S.B.		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5	
Mailing Address 1400 G Street, N.W.		Transaction ID: C714	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 280.91	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1044.77	
		* Interest	

Full Name (Last, First, Middle Initial) B. Smith Barney		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 5	
Mailing Address 185 Asylum Street 21st Floor		Transaction ID: C617	
City State Zip Code Hartford CT 06103		Amount of Each Receipt this Period 243.75	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5621.89	
		* Dividend	

Full Name (Last, First, Middle Initial) C. Smith Barney		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 5	
Mailing Address 185 Asylum Street 21st Floor		Transaction ID: C618	
City State Zip Code Hartford CT 06103		Amount of Each Receipt this Period 51.02	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5621.89	
		* Dividend	

SUBTOTAL of Receipts This Page (optional) ▶	575.68
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 30 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Smith Barney

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5621.89

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2005

Transaction ID: C619

Amount of Each Receipt this Period
17.39

* Interest

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

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5621.89

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2005

Transaction ID: C695

Amount of Each Receipt this Period
243.75

* Dividend

C. Full Name (Last, First, Middle Initial)
Smith Barney

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5621.89

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2005

Transaction ID: C696

Amount of Each Receipt this Period
51.02

* Dividend

SUBTOTAL of Receipts This Page (optional) ► **312.16**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 103
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Smith Barney		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5	
Mailing Address 185 Asylum Street 21st Floor		Transaction ID: C681	
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period 22.84		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5621.89	
* Interest			

Full Name (Last, First, Middle Initial) B. Smith Barney		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 5	
Mailing Address 185 Asylum Street 21st Floor		Transaction ID: C693	
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period 1710.09		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5621.89	
* Profit on sale of exch. traded fund			

Full Name (Last, First, Middle Initial) C. Smith Barney		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 5	
Mailing Address 185 Asylum Street 21st Floor		Transaction ID: C689	
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period 205.61		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5621.89	
* Profit on sale of mutual fund			

SUBTOTAL of Receipts This Page (optional) ▶	1938.54
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 103
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Smith Barney

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5621.89

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2005

Transaction ID: C688

Amount of Each Receipt this Period
220.76

* Profit on sale of mutual fund

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

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5621.89

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2005

Transaction ID: C692

Amount of Each Receipt this Period
929.01

* Profit on sale of exch. traded fund

C. Full Name (Last, First, Middle Initial)
Smith Barney

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5621.89

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 17 / 2005

Transaction ID: C687

Amount of Each Receipt this Period
275.45

* Profit on sale of mutual fund

SUBTOTAL of Receipts This Page (optional) ► 1425.22

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 103
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Smith Barney		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2005	
Mailing Address 185 Asylum Street 21st Floor		Transaction ID: C690	
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period 184.78		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5621.89	
* Profit on sale of mutual fund			

Full Name (Last, First, Middle Initial) B. Smith Barney		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2005	
Mailing Address 185 Asylum Street 21st Floor		Transaction ID: C697	
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period 37.10		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5621.89	
* Dividend			

Full Name (Last, First, Middle Initial) C. Smith Barney		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2005	
Mailing Address 185 Asylum Street 21st Floor		Transaction ID: C698	
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period 243.75		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5621.89	
* Dividend			

SUBTOTAL of Receipts This Page (optional) ▶	465.63
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 103
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Smith Barney		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2005	
Mailing Address 185 Asylum Street 21st Floor		Transaction ID: C682	
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period 14.99		
FEC ID number of contributing federal political committee. C	* Interest		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5621.89		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Smith Barney		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2005	
Mailing Address 185 Asylum Street 21st Floor		Transaction ID: C699	
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period 45.80		
FEC ID number of contributing federal political committee. C	* Dividend		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5621.89		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Smith Barney		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 185 Asylum Street 21st Floor		Transaction ID: C691	
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period .03		
FEC ID number of contributing federal political committee. C	* Profit on sale of mutual fund		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5621.89		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	60.82
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 35 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Smith Barney

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5621.89

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2005

Transaction ID: C700

Amount of Each Receipt this Period
47.50

* Dividend

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

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5621.89

Date of Receipt
M M / D D / Y Y Y Y
10 / 10 / 2005

Transaction ID: C705

Amount of Each Receipt this Period
-96

* Loss on Sale of Mutual Fund

C. Full Name (Last, First, Middle Initial)
Smith Barney

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5621.89

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2005

Transaction ID: C683

Amount of Each Receipt this Period
.70

* Interest

SUBTOTAL of Receipts This Page (optional) ► **47.24**

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

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

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

FOR LINE NUMBER: PAGE 36 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial)
Smith Barney

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5621.89

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

Transaction ID: C684

Amount of Each Receipt this Period
.93

* Interest

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

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5621.89

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 5

Transaction ID: C702

Amount of Each Receipt this Period
.75

* Interest

C. Full Name (Last, First, Middle Initial)
Smith Barney

Mailing Address 185 Asylum Street
21st Floor

City State Zip Code
Hartford CT 06103

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5621.89

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

Transaction ID: C703

Amount of Each Receipt this Period
.07

* Interest

SUBTOTAL of Receipts This Page (optional) ► **1.75**

TOTAL This Period (last page this line number only) ► **5590.90**

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Sunny's Limousine Service		Transaction ID: D629 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 4900 Leesburg Pike Suite 400		Amount of Each Disbursement this Period 330.52
City Alexandria State VA Zip Code 22023		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Broadcast Solutions, LLC		Transaction ID: D427 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 13806 Goosefoot Terrace		Amount of Each Disbursement this Period 1053.59
City Rockville State MD Zip Code 20850		
Purpose of Disbursement E-mail Services	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Broadcast Solutions, LLC		Transaction ID: D440 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 5
Mailing Address 13806 Goosefoot Terrace		Amount of Each Disbursement this Period 371.34
City Rockville State MD Zip Code 20850		
Purpose of Disbursement E-mail Services	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1755.45
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Oswald Trippe & Company Full Name (Last, First, Middle Initial) Mailing Address 13515 Bell Tower Drive City Fort Myers State FL Zip Code 33907 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D564 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5 Amount of Each Disbursement this Period 564.00 Category/Type
--	--	---

B. Kimball Stroud & Associates Full Name (Last, First, Middle Initial) Mailing Address 227 Massachusetts Avenue, NE Suite 101 City Washington State DC Zip Code 20002 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D405 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period 900.00 Category/Type
---	--	---

C. Kimball Stroud & Associates Full Name (Last, First, Middle Initial) Mailing Address 227 Massachusetts Avenue, NE Suite 101 City Washington State DC Zip Code 20002 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D428 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5 Amount of Each Disbursement this Period 900.00 Category/Type
---	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	2364.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial) Kimball Stroud & Associates		Transaction ID: D465 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address 227 Massachusetts Avenue, NE Suite 101		Amount of Each Disbursement this Period 900.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Rent 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) ▼	

B. Full Name (Last, First, Middle Initial) Kimball Stroud & Associates		Transaction ID: D542 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
Mailing Address 227 Massachusetts Avenue, NE Suite 101		Amount of Each Disbursement this Period 900.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Rent 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) ▼	

C. Full Name (Last, First, Middle Initial) Kimball Stroud & Associates		Transaction ID: D543 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
Mailing Address 227 Massachusetts Avenue, NE Suite 101		Amount of Each Disbursement this Period 131.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Office Supplies 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1931.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Kimball Stroud & Associates Full Name (Last, First, Middle Initial) Mailing Address 227 Massachusetts Avenue, NE Suite 101 City Washington State DC Zip Code 20002 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D544 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 900.00
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B. Kimball Stroud & Associates Full Name (Last, First, Middle Initial) Mailing Address 227 Massachusetts Avenue, NE Suite 101 City Washington State DC Zip Code 20002 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D545 Date of Disbursement 12 / 12 / 2005 Amount of Each Disbursement this Period 900.00
--	--	--

C. Richard Inannuzzi Music Service Full Name (Last, First, Middle Initial) Mailing Address 1436 Rosada Way City Fort Myers State FL Zip Code 33901 Purpose of Disbursement Entertainment for 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) ▼		Transaction ID: D583 Date of Disbursement 10 / 17 / 2005 Amount of Each Disbursement this Period 150.00
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SUBTOTAL of Disbursements This Page (optional) ▶	1950.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Richard Inannuzzi Music Service		Transaction ID: D584 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 1436 Rosada Way		Amount of Each Disbursement this Period 600.00
City Fort Myers	State FL	
Zip Code 33901		
Purpose of Disbursement Entertainment for 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) ▼

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: D454 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 80.11
City Memphis	State TN	
Zip Code 38101		
Purpose of Disbursement Shipping 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) C. Federal Express		Transaction ID: D453 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 4 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 41.75
City Memphis	State TN	
Zip Code 38101		
Purpose of Disbursement Shipping 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	721.86
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: D447 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 31.57
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: D446 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 17.07
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: D515 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 36.74
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

SUBTOTAL of Disbursements This Page (optional) ▶	85.38
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D516 Date of Disbursement 08 / 24 / 2005 Amount of Each Disbursement this Period 17.38 Category/Type
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B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D517 Date of Disbursement 08 / 25 / 2005 Amount of Each Disbursement this Period 17.38 Category/Type
---	--	--

C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D518 Date of Disbursement 09 / 19 / 2005 Amount of Each Disbursement this Period 64.69 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	99.45
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D519 Date of Disbursement 09 / 22 / 2005 Amount of Each Disbursement this Period 56.10 Category/Type
---	--	--

B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D525 Date of Disbursement 09 / 26 / 2005 Amount of Each Disbursement this Period 35.48 Category/Type
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C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D526 Date of Disbursement 10 / 01 / 2005 Amount of Each Disbursement this Period 22.02 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	113.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D527 Date of Disbursement 10 / 03 / 2005 Amount of Each Disbursement this Period 22.02 Category/Type
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B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D521 Date of Disbursement 10 / 07 / 2005 Amount of Each Disbursement this Period 18.02 Category/Type
---	--	--

C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D522 Date of Disbursement 10 / 17 / 2005 Amount of Each Disbursement this Period 24.42 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	64.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: D523 Date of Disbursement 10 / 19 / 2005
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 25.98
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: D524 Date of Disbursement 10 / 24 / 2005
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 32.92
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: D520 Date of Disbursement 10 / 26 / 2005
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 32.40
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

SUBTOTAL of Disbursements This Page (optional) ▶	91.30
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: D528 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 31.31
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: D529 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 139.07
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: D530 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 1446.66
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

SUBTOTAL of Disbursements This Page (optional) ▶	1617.04
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: D531 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 235.68
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: D532 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 1380.20
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: D533 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 27.90
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping 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

SUBTOTAL of Disbursements This Page (optional) ▶	1643.78
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: D534 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 48.24
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping 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) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: D535 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 34.80
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping 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) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: D536 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 10.32
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	93.36
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: D537 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 19.14
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping 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) ▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: D630 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 37.04
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping 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) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: D631 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 19.14
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	75.32
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D632 Date of Disbursement 12 / 27 / 2005 Amount of Each Disbursement this Period 37.68 Category/Type
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B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D633 Date of Disbursement 12 / 28 / 2005 Amount of Each Disbursement this Period 11.28 Category/Type
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C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D634 Date of Disbursement 12 / 29 / 2005 Amount of Each Disbursement this Period 15.74 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	64.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Sanibel Harbour Resort		Transaction ID: D589 Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2005
Mailing Address 17260 Harbour Pointe Drive		Amount of Each Disbursement this Period 1000.00
City Fort Myers State FL Zip Code 33908	Purpose of Disbursement Catering & 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) ▼	

Full Name (Last, First, Middle Initial) B. Sanibel Harbour Resort		Transaction ID: D585 Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2005
Mailing Address 17260 Harbour Pointe Drive		Amount of Each Disbursement this Period 10.60
City Fort Myers State FL Zip Code 33908	Purpose of Disbursement Internet Access	
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) ▼	

Full Name (Last, First, Middle Initial) C. Sanibel Harbour Resort		Transaction ID: D587 Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2005
Mailing Address 17260 Harbour Pointe Drive		Amount of Each Disbursement this Period 49.94
City Fort Myers State FL Zip Code 33908	Purpose of Disbursement Travel	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1060.54
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Sanibel Harbour Resort		Transaction ID: D586 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 17260 Harbour Pointe Drive		Amount of Each Disbursement this Period 12101.75
City Fort Myers State FL Zip Code 33908	Purpose of Disbursement Catering & 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) ▼	

Full Name (Last, First, Middle Initial) B. Sanibel Harbour Resort		Transaction ID: D588 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 17260 Harbour Pointe Drive		Amount of Each Disbursement this Period 12101.75
City Fort Myers State FL Zip Code 33908	Purpose of Disbursement Catering & 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) ▼	

Full Name (Last, First, Middle Initial) C. Columbia Books, Inc.		Transaction ID: D455 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 5
Mailing Address P.O. Box 251		Amount of Each Disbursement this Period 210.44
City Annapolis Junction State MD Zip Code 20701	Purpose of Disbursement Reference Materials 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	24413.94
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D449 Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2005
Mailing Address 3301 Jefferson Davis Highway		Amount of Each Disbursement this Period 52.14
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Office Supplies 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) ▼

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D592 Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2005
Mailing Address 3301 Jefferson Davis Highway		Amount of Each Disbursement this Period 95.74
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Office Supplies 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) ▼

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D593 Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2005
Mailing Address 3301 Jefferson Davis Highway		Amount of Each Disbursement this Period 411.37
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Office Supplies 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	559.25
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D594 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 3301 Jefferson Davis Highway		Amount of Each Disbursement this Period 82.27
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement Office Supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D595 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 3301 Jefferson Davis Highway		Amount of Each Disbursement this Period 22.09
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement Office Supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D596 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 3301 Jefferson Davis Highway		Amount of Each Disbursement this Period 34.90
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement Office Supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	139.26
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. NGP Software		Transaction ID: D434 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2005
Mailing Address 5505 Connecticut Avenue, NW PMB 277		Amount of Each Disbursement this Period 1800.00
City Washington State DC Zip Code 20015	Category/ Type	
Purpose of Disbursement Software & E-mail Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NGP Software		Transaction ID: D439 Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2005
Mailing Address 5505 Connecticut Avenue, NW PMB 277		Amount of Each Disbursement this Period 187.50
City Washington State DC Zip Code 20015	Category/ Type	
Purpose of Disbursement Database Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NGP Software		Transaction ID: D461 Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2005
Mailing Address 5505 Connecticut Avenue, NW PMB 277		Amount of Each Disbursement this Period 900.00
City Washington State DC Zip Code 20015	Category/ Type	
Purpose of Disbursement Software & E-mail Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► 2887.50

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. NGP Software		Transaction ID: D472 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5
Mailing Address 5505 Connecticut Avenue, NW PMB 277		Amount of Each Disbursement this Period 900.00
City Washington State DC Zip Code 20015	Category/ Type	
Purpose of Disbursement Software & E-mail Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NGP Software		Transaction ID: D563 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 5505 Connecticut Avenue, NW PMB 277		Amount of Each Disbursement this Period 900.00
City Washington State DC Zip Code 20015	Category/ Type	
Purpose of Disbursement Software & E-mail Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NGP Software		Transaction ID: D478 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 5505 Connecticut Avenue, NW PMB 277		Amount of Each Disbursement this Period 900.00
City Washington State DC Zip Code 20015	Category/ Type	
Purpose of Disbursement Software & E-mail Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2700.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Micah I. Kagan		Transaction ID: D550 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 870.77
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary <input type="checkbox"/> Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Micah I. Kagan		Transaction ID: D468 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 870.77
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary <input type="checkbox"/> Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Micah I. Kagan		Transaction ID: D474 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 387.40
City Washington State DC Zip Code 20009	Purpose of Disbursement Reimbursement - Postage <input type="checkbox"/> Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2128.94
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Micah I. Kagan		Transaction ID: D551 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2005
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 870.77
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary 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) ▼	

Full Name (Last, First, Middle Initial) B. Micah I. Kagan		Transaction ID: D552 Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2005
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 870.77
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary 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) ▼	

Full Name (Last, First, Middle Initial) C. Micah I. Kagan		Transaction ID: D553 Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2005
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 870.77
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2612.31
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Micah I. Kagan		Transaction ID: D554 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 468.00
City Washington State DC Zip Code 20009		
Purpose of Disbursement Reimbursement - Insurance 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:		

Full Name (Last, First, Middle Initial) B. Micah I. Kagan		Transaction ID: D555 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 870.77
City Washington State DC Zip Code 20009		
Purpose of Disbursement Salary 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:		

Full Name (Last, First, Middle Initial) C. Micah I. Kagan		Transaction ID: D556 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 68.00
City Washington State DC Zip Code 20009		
Purpose of Disbursement Reimbursement - Travel 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	1406.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Micah I. Kagan		Transaction ID: D557 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 870.77
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary 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) ▼	

Full Name (Last, First, Middle Initial) B. Micah I. Kagan		Transaction ID: D558 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 870.77
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary 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) ▼	

Full Name (Last, First, Middle Initial) C. Micah I. Kagan		Transaction ID: D480 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 870.77
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2612.31
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. AirTran Airlines		Transaction ID: D490 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 9955 AirTran Boulevard		Amount of Each Disbursement this Period 184.20
City Orlando State FL Zip Code 32827	Purpose of Disbursement Travel	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AirTran Airlines		Transaction ID: D489 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 9955 AirTran Boulevard		Amount of Each Disbursement this Period 263.40
City Orlando State FL Zip Code 32827	Purpose of Disbursement Travel	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cantrell/Cutter Printing, Inc.		Transaction ID: D429 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 1789 Olive Street		Amount of Each Disbursement this Period 816.00
City Capitol Heights State MD Zip Code 20743	Purpose of Disbursement Printing	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1263.60
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Cantrell/Cutter Printing, Inc.		Transaction ID: D443 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5
Mailing Address 1789 Olive Street		Amount of Each Disbursement this Period 42.96
City Capitol Heights	State MD	
Zip Code 20743	Category/Type	
Purpose of Disbursement Printing		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Cantrell/Cutter Printing, Inc.		Transaction ID: D464 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address 1789 Olive Street		Amount of Each Disbursement this Period 228.42
City Capitol Heights	State MD	
Zip Code 20743	Category/Type	
Purpose of Disbursement Printing		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Cantrell/Cutter Printing, Inc.		Transaction ID: D500 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5
Mailing Address 1789 Olive Street		Amount of Each Disbursement this Period 1998.68
City Capitol Heights	State MD	
Zip Code 20743	Category/Type	
Purpose of Disbursement Printing		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2270.06
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Hertz Rental Car		Transaction ID: D450 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 5
Mailing Address 16070 Chamberlin Parkway Southeast		Amount of Each Disbursement this Period 69.72
City Fort Myers State FL Zip Code 33913	Category/ Type	
Purpose of Disbursement Travel		
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. Hertz Rental Car		Transaction ID: D540 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address 16070 Chamberlin Parkway Southeast		Amount of Each Disbursement this Period 544.21
City Fort Myers State FL Zip Code 33913	Category/ Type	
Purpose of Disbursement Travel		
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) C. Hertz Rental Car		Transaction ID: D541 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address 16070 Chamberlin Parkway Southeast		Amount of Each Disbursement this Period 305.07
City Fort Myers State FL Zip Code 33913	Category/ Type	
Purpose of Disbursement Travel		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	919.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Rene's Catering		Transaction ID: D580 Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address 7050 Winkler Road		Amount of Each Disbursement this Period 5000.00
City Fort Myers State FL Zip Code 33919	Category/ Type	
Purpose of Disbursement 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. Rene's Catering		Transaction ID: D581 Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2005
Mailing Address 7050 Winkler Road		Amount of Each Disbursement this Period 5000.00
City Fort Myers State FL Zip Code 33919	Category/ Type	
Purpose of Disbursement 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) C. Rene's Catering		Transaction ID: D582 Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2005
Mailing Address 7050 Winkler Road		Amount of Each Disbursement this Period 4929.04
City Fort Myers State FL Zip Code 33919	Category/ Type	
Purpose of Disbursement 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	14929.04
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. U.S. Airways		Transaction ID: D456 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 251.90
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
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. U.S. Airways		Transaction ID: D603 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 284.10
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. U.S. Airways		Transaction ID: D605 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 5.00
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	541.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. U.S. Airways		Transaction ID: D604 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 343.40
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
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. U.S. Airways		Transaction ID: D606 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 189.20
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
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) C. U.S. Airways		Transaction ID: D609 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 189.20
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	721.80
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. U.S. Airways		Transaction ID: D607 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 343.40
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
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. U.S. Airways		Transaction ID: D608 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 189.20
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
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) C. U.S. Airways		Transaction ID: D613 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 5.00
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	537.60
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. U.S. Airways		Transaction ID: D612 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 278.40
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
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. U.S. Airways		Transaction ID: D611 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 363.40
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
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) C. U.S. Airways		Transaction ID: D610 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 363.40
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1005.20
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. U.S. Airways		Transaction ID: D614 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 321.40
City Washington State DC Zip Code 20006	Purpose of Disbursement Travel	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Airways		Transaction ID: D615 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 393.40
City Washington State DC Zip Code 20006	Purpose of Disbursement Travel	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Airways		Transaction ID: D617 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 314.20
City Washington State DC Zip Code 20006	Purpose of Disbursement Travel	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1029.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. U.S. Airways		Transaction ID: D618 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 184.20
City Washington State DC Zip Code 20006		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Airways		Transaction ID: D619 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 594.20
City Washington State DC Zip Code 20006		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Airways		Transaction ID: D620 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 363.40
City Washington State DC Zip Code 20006		
Purpose of Disbursement Travel	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1141.80
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: D621 Date of Disbursement																					
Mailing Address 50 Massachusetts Avenue, NE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	4		2	0	0	5														
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage		Category/ Type	334.00																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: D622 Date of Disbursement																					
Mailing Address 50 Massachusetts Avenue, NE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	2		2	0	0	5														
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Postage		Category/ Type	667.00																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. Fiona Donovan		Transaction ID: D414 Date of Disbursement																					
Mailing Address 236 Massachusetts Avenue, NE Suite 310		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	5		2	0	0	5														
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary		Category/ Type	1075.96																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	2076.96
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Fiona Donovan		Transaction ID: D423 Date of Disbursement 07 / 26 / 2005
Mailing Address 236 Massachusetts Avenue, NE Suite 310		Amount of Each Disbursement this Period 1659.46
City Washington State DC Zip Code 20002	Purpose of Disbursement Salary 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) ▼	

Full Name (Last, First, Middle Initial) B. Fiona Donovan		Transaction ID: D424 Date of Disbursement 07 / 29 / 2005
Mailing Address 236 Massachusetts Avenue, NE Suite 310		Amount of Each Disbursement this Period 533.73
City Washington State DC Zip Code 20002	Purpose of Disbursement Salary 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) ▼	

Full Name (Last, First, Middle Initial) C. Publix		Transaction ID: D579 Date of Disbursement 11 / 15 / 2005
Mailing Address 16520 South Tamiami Trail		Amount of Each Disbursement this Period 244.67
City Fort Myers State FL Zip Code 33908	Purpose of Disbursement Beverages 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2437.86
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Swank Audio Visual		Transaction ID: D598 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 17260 Harbour Pointe Drive		Amount of Each Disbursement this Period 2347.29
City Fort Myers State FL Zip Code 33908	Purpose of Disbursement Equipment Rental 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

Full Name (Last, First, Middle Initial) B. Vincent Frillici		Transaction ID: D435 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5
Mailing Address 4617 Arkansas Avenue, NW		Amount of Each Disbursement this Period 59.23
City Washington State DC Zip Code 20011	Purpose of Disbursement Reimbursement - Travel 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

Full Name (Last, First, Middle Initial) C. Vincent Frillici		Transaction ID: D413 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5
Mailing Address 4617 Arkansas Avenue, NW		Amount of Each Disbursement this Period 2896.17
City Washington State DC Zip Code 20011	Purpose of Disbursement 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5302.69
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Vincent Frillici Full Name (Last, First, Middle Initial) Mailing Address 4617 Arkansas Avenue, NW City Washington State DC Zip Code 20011 Purpose of Disbursement 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) ▼		Transaction ID: D426 Date of Disbursement 08 / 01 / 2005 Amount of Each Disbursement this Period 2896.17 Category/Type
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B. Vincent Frillici Full Name (Last, First, Middle Initial) Mailing Address 4617 Arkansas Avenue, NW City Washington State DC Zip Code 20011 Purpose of Disbursement 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) ▼		Transaction ID: D441 Date of Disbursement 08 / 12 / 2005 Amount of Each Disbursement this Period 2896.17 Category/Type
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C. Vincent Frillici Full Name (Last, First, Middle Initial) Mailing Address 4617 Arkansas Avenue, NW City Washington State DC Zip Code 20011 Purpose of Disbursement 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) ▼		Transaction ID: D627 Date of Disbursement 08 / 31 / 2005 Amount of Each Disbursement this Period 2896.17 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	8688.51
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Vincent Frillici Full Name (Last, First, Middle Initial) Mailing Address 4617 Arkansas Avenue, NW City Washington State DC Zip Code 20011 Purpose of Disbursement Reimbursement - Office Supp. & Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D471 Date of Disbursement 09 / 14 / 2005 Amount of Each Disbursement this Period 281.92
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B. Vincent Frillici Full Name (Last, First, Middle Initial) Mailing Address 4617 Arkansas Avenue, NW City Washington State DC Zip Code 20011 Purpose of Disbursement 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) ▼		Transaction ID: D467 Date of Disbursement 09 / 15 / 2005 Amount of Each Disbursement this Period 2896.17
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C. Vincent Frillici Full Name (Last, First, Middle Initial) Mailing Address 4617 Arkansas Avenue, NW City Washington State DC Zip Code 20011 Purpose of Disbursement 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) ▼		Transaction ID: D482 Date of Disbursement 09 / 30 / 2005 Amount of Each Disbursement this Period 2896.17
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SUBTOTAL of Disbursements This Page (optional) ▶	6074.26
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Vincent Frillici		Transaction ID: D483 Date of Disbursement 10 / 13 / 2005
Mailing Address 4617 Arkansas Avenue, NW		Amount of Each Disbursement this Period 2896.17
City Washington State DC Zip Code 20011	Purpose of Disbursement 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) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) B. Vincent Frillici		Transaction ID: D484 Date of Disbursement 10 / 28 / 2005
Mailing Address 4617 Arkansas Avenue, NW		Amount of Each Disbursement this Period 2896.17
City Washington State DC Zip Code 20011	Purpose of Disbursement 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) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) C. Vincent Frillici		Transaction ID: D485 Date of Disbursement 11 / 14 / 2005
Mailing Address 4617 Arkansas Avenue, NW		Amount of Each Disbursement this Period 2896.17
City Washington State DC Zip Code 20011	Purpose of Disbursement 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) ▼	
Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	8688.51
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Vincent Frillici		Transaction ID: D486 Date of Disbursement 11 / 15 / 2005	
Mailing Address 4617 Arkansas Avenue, NW		Amount of Each Disbursement this Period 248.83	
City Washington State DC Zip Code 20011	Purpose of Disbursement Reimbursement - Travel	Category/ Type	
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Vincent Frillici		Transaction ID: D487 Date of Disbursement 11 / 29 / 2005	
Mailing Address 4617 Arkansas Avenue, NW		Amount of Each Disbursement this Period 2896.17	
City Washington State DC Zip Code 20011	Purpose of Disbursement Salary	Category/ Type	
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Vincent Frillici		Transaction ID: D488 Date of Disbursement 12 / 14 / 2005	
Mailing Address 4617 Arkansas Avenue, NW		Amount of Each Disbursement this Period 2896.17	
City Washington State DC Zip Code 20011	Purpose of Disbursement Salary	Category/ Type	
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	6041.17
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Vincent Frillici		Transaction ID: D479 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 4617 Arkansas Avenue, NW		Amount of Each Disbursement this Period 2896.17
City Washington State DC Zip Code 20011	Category/ Type	
Purpose of Disbursement Salary 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. Edison & Ford Winter Estates		Transaction ID: D513 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5
Mailing Address 2350 McGregor Blvd		Amount of Each Disbursement this Period 1590.00
City Fort Myers State FL Zip Code 33901	Category/ Type	
Purpose of Disbursement Site Rental Fee Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Continental Airlines		Transaction ID: D501 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 1600 Smith Street		Amount of Each Disbursement this Period 636.90
City Houston State TX Zip Code 77002	Category/ Type	
Purpose of Disbursement Travel Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5123.07
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D406 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 5
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 143.95
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement Telephone Service 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) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D438 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 5
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 141.04
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement Telephone Service 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) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D466 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 142.03
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement Telephone Service 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	427.02
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D623 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 142.42
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement Telephone Service 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) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D624 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 143.81
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement Telephone Service 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) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D625 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 142.36
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement Telephone Service 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	428.59
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Citibank, F.S.B.		Transaction ID: D705 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5	
Mailing Address 1400 G Street, N.W.		Amount of Each Disbursement this Period .30	
City Washington State DC Zip Code 20005	Purpose of Disbursement Bank Fee	Category/ Type	
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Atlas Charters		Transaction ID: D496 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 5	
Mailing Address 13281 Treeline Avenue		Amount of Each Disbursement this Period 948.00	
City Fort Myers State FL Zip Code 33913	Purpose of Disbursement Transportation	Category/ Type	
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Atlas Charters		Transaction ID: D497 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address 13281 Treeline Avenue		Amount of Each Disbursement this Period 774.00	
City Fort Myers State FL Zip Code 33913	Purpose of Disbursement Transportation	Category/ Type	
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1722.30
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Paychex Full Name (Last, First, Middle Initial) Mailing Address 3060 Williams Drive Suite 3060 City Fairfax State VA Zip Code 22031 Purpose of Disbursement Payroll Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D408 Date of Disbursement 07 / 11 / 2005 Amount of Each Disbursement this Period 103.36 Category/Type
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B. Paychex Full Name (Last, First, Middle Initial) Mailing Address 3060 Williams Drive Suite 3060 City Fairfax State VA Zip Code 22031 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D415 Date of Disbursement 07 / 15 / 2005 Amount of Each Disbursement this Period 2168.54 Category/Type
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C. Paychex Full Name (Last, First, Middle Initial) Mailing Address 3060 Williams Drive Suite 3060 City Fairfax State VA Zip Code 22031 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D425 Date of Disbursement 07 / 29 / 2005 Amount of Each Disbursement this Period 1242.99 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	3514.89
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Paychex Full Name (Last, First, Middle Initial) Mailing Address 3060 Williams Drive Suite 3060 City Fairfax State VA Zip Code 22031 Purpose of Disbursement Payroll Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D436 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 5 Amount of Each Disbursement this Period 114.83
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B. Paychex Full Name (Last, First, Middle Initial) Mailing Address 3060 Williams Drive Suite 3060 City Fairfax State VA Zip Code 22031 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D565 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 3178.50
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C. Paychex Full Name (Last, First, Middle Initial) Mailing Address 3060 Williams Drive Suite 3060 City Fairfax State VA Zip Code 22031 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D566 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5 Amount of Each Disbursement this Period 1992.08
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SUBTOTAL of Disbursements This Page (optional) ▶	5285.41
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: D470 Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2005
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 106.69
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Services 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) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: D469 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 1992.08
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: D567 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2005
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 1992.08
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4090.85
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: D571 Date of Disbursement 10 / 10 / 2005
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 103.36
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Services 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) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: D568 Date of Disbursement 10 / 14 / 2005
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 1992.08
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: D569 Date of Disbursement 10 / 31 / 2005
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 1992.08
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4087.52
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: D570 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 114.94
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Services 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) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: D572 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 1992.08
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: D573 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 1992.08
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4099.10
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: D574 Date of Disbursement 12 / 12 / 2005
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 103.36
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: D575 Date of Disbursement 12 / 15 / 2005
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 1983.91
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: D481 Date of Disbursement 12 / 30 / 2005
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 1978.41
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	4065.68
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. U.S. Express, Inc.		Transaction ID: D431 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 5
Mailing Address 3240 Hubbard Road		Amount of Each Disbursement this Period 133.33
City Landover State MD Zip Code 20785	Category/ Type	
Purpose of Disbursement Courier 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) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Express, Inc.		Transaction ID: D460 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 5
Mailing Address 3240 Hubbard Road		Amount of Each Disbursement this Period 41.76
City Landover State MD Zip Code 20785	Category/ Type	
Purpose of Disbursement Courier 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) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Express, Inc.		Transaction ID: D475 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address 3240 Hubbard Road		Amount of Each Disbursement this Period 45.68
City Landover State MD Zip Code 20785	Category/ Type	
Purpose of Disbursement Courier 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	220.77
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. U.S. Express, Inc.		Transaction ID: D599 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
Mailing Address 3240 Hubbard Road		Amount of Each Disbursement this Period 13.92
City Landover State MD Zip Code 20785	Category/ Type	
Purpose of Disbursement Courier 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. U.S. Express, Inc.		Transaction ID: D600 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 3240 Hubbard Road		Amount of Each Disbursement this Period 32.57
City Landover State MD Zip Code 20785	Category/ Type	
Purpose of Disbursement Courier 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) C. U.S. Express, Inc.		Transaction ID: D601 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 3240 Hubbard Road		Amount of Each Disbursement this Period 14.63
City Landover State MD Zip Code 20785	Category/ Type	
Purpose of Disbursement Courier 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	61.12
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Perkins Coie LLP		Transaction ID: D407 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 5
Mailing Address 1201 Third Avenue, 40th Floor		Amount of Each Disbursement this Period 2064.36
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal & Accounting Services	
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) ▼	

Full Name (Last, First, Middle Initial) B. Perkins Coie LLP		Transaction ID: D437 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 5
Mailing Address 1201 Third Avenue, 40th Floor		Amount of Each Disbursement this Period 2231.50
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal & Accounting Services	
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) ▼	

Full Name (Last, First, Middle Initial) C. Perkins Coie LLP		Transaction ID: D473 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 5
Mailing Address 1201 Third Avenue, 40th Floor		Amount of Each Disbursement this Period 2204.73
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal & Accounting Services	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6500.59
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Perkins Coie LLP		Transaction ID: D576 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 1201 Third Avenue, 40th Floor		Amount of Each Disbursement this Period 2303.60
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal & Accounting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Perkins Coie LLP		Transaction ID: D577 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 1201 Third Avenue, 40th Floor		Amount of Each Disbursement this Period 2274.89
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal & Accounting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Perkins Coie LLP		Transaction ID: D578 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 1201 Third Avenue, 40th Floor		Amount of Each Disbursement this Period 2254.09
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal & Accounting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6832.58
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

<p>A. AT&T</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2969</p>		<p>Transaction ID: D403 Date of Disbursement 07 / 05 / 2005</p>
<p>City Omaha State NE Zip Code 68103</p>	<p>Amount of Each Disbursement this Period 106.58</p>	
<p>Purpose of Disbursement Telephone Service Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. AT&T</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2969</p>		<p>Transaction ID: D430 Date of Disbursement 07 / 27 / 2005</p>
<p>City Omaha State NE Zip Code 68103</p>	<p>Amount of Each Disbursement this Period 65.93</p>	
<p>Purpose of Disbursement Telephone Service Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. AT&T</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2969</p>		<p>Transaction ID: D458 Date of Disbursement 08 / 23 / 2005</p>
<p>City Omaha State NE Zip Code 68103</p>	<p>Amount of Each Disbursement this Period 58.04</p>	
<p>Purpose of Disbursement Telephone Service Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>230.55</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

<p>A. AT&T</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2969</p>		<p>Transaction ID: D459 Date of Disbursement 08 / 24 / 2005</p>
<p>City Omaha State NE Zip Code 68103</p>		<p>Amount of Each Disbursement this Period 164.07</p>
<p>Purpose of Disbursement Telephone Service Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Category/Type</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>B. AT&T</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2969</p>		<p>Transaction ID: D491 Date of Disbursement 09 / 23 / 2005</p>
<p>City Omaha State NE Zip Code 68103</p>		<p>Amount of Each Disbursement this Period 54.75</p>
<p>Purpose of Disbursement Telephone Service Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Category/Type</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>C. AT&T</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2969</p>		<p>Transaction ID: D492 Date of Disbursement 10 / 20 / 2005</p>
<p>City Omaha State NE Zip Code 68103</p>		<p>Amount of Each Disbursement this Period 94.24</p>
<p>Purpose of Disbursement Telephone Service Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Category/Type</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>313.06</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. AT&T Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2969 City Omaha State NE Zip Code 68103 Purpose of Disbursement Telephone 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) ▼		Transaction ID: D493 Date of Disbursement 11 / 21 / 2005 Amount of Each Disbursement this Period 81.74 Category/Type
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B. AT&T Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2969 City Omaha State NE Zip Code 68103 Purpose of Disbursement Telephone 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) ▼		Transaction ID: D494 Date of Disbursement 12 / 22 / 2005 Amount of Each Disbursement this Period 46.93 Category/Type
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C. AT&T Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2969 City Omaha State NE Zip Code 68103 Purpose of Disbursement Telephone 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) ▼		Transaction ID: D495 Date of Disbursement 12 / 22 / 2005 Amount of Each Disbursement this Period 36.16 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	164.83
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: D503 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5
Mailing Address P.O. Box 20532		Amount of Each Disbursement this Period 119.89
City Atlanta State GA Zip Code 30320	Category/ Type	
Purpose of Disbursement Travel		
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. Delta Airlines		Transaction ID: D504 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5
Mailing Address P.O. Box 20532		Amount of Each Disbursement this Period 119.89
City Atlanta State GA Zip Code 30320	Category/ Type	
Purpose of Disbursement Travel		
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) C. Delta Airlines		Transaction ID: D506 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 20532		Amount of Each Disbursement this Period 119.89
City Atlanta State GA Zip Code 30320	Category/ Type	
Purpose of Disbursement Travel		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	359.67
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: D505 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 20532		Amount of Each Disbursement this Period 119.89
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Travel	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Delta Airlines		Transaction ID: D507 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 5
Mailing Address P.O. Box 20532		Amount of Each Disbursement this Period 378.80
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Travel	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Transaction ID: D508 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 5
Mailing Address P.O. Box 20532		Amount of Each Disbursement this Period 10.00
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Travel	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	508.69
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: D509 Date of Disbursement 10 / 17 / 2005
Mailing Address P.O. Box 20532		Amount of Each Disbursement this Period 444.80
City Atlanta State GA Zip Code 30320	Category/ Type	
Purpose of Disbursement Travel		
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. Delta Airlines		Transaction ID: D510 Date of Disbursement 11 / 04 / 2005
Mailing Address P.O. Box 20532		Amount of Each Disbursement this Period 252.90
City Atlanta State GA Zip Code 30320	Category/ Type	
Purpose of Disbursement Travel		
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) C. Delta Airlines		Transaction ID: D511 Date of Disbursement 11 / 04 / 2005
Mailing Address P.O. Box 20532		Amount of Each Disbursement this Period 10.00
City Atlanta State GA Zip Code 30320	Category/ Type	
Purpose of Disbursement Travel		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	707.70
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Caloosa Tent & Rental		Transaction ID: D499 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 101384		Amount of Each Disbursement this Period 3372.50
City Cape Coral State FL Zip Code 33910	Purpose of Disbursement Equipment Rental Fee 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

Full Name (Last, First, Middle Initial) B. Les Halles Washington, DC		Transaction ID: D546 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 5
Mailing Address 1201 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 998.91
City Washington State DC Zip Code 20004	Purpose of Disbursement 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Smith Barney		Transaction ID: D457 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 5
Mailing Address 185 Asylum Street 21st Floor		Amount of Each Disbursement this Period 67.69
City Hartford State CT Zip Code 06103	Purpose of Disbursement Bank Fee 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

SUBTOTAL of Disbursements This Page (optional) ▶	4439.10
TOTAL This Period (last page this line number only) ▶	170042.67

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Stabenow for Senate		Transaction ID: D591 Date of Disbursement 10 / 24 / 2005
Mailing Address P.O. Box 4945		Amount of Each Disbursement this Period 5000.00
City East Lansing State MI Zip Code 48826	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Debbie Stabenow		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McCaskill for Missouri		Transaction ID: D476 Date of Disbursement 09 / 15 / 2005
Mailing Address 17 West Lockwood		Amount of Each Disbursement this Period 5000.00
City Saint Louis State MO Zip Code 63119	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Claire McCaskill		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. McCaskill for Missouri		Transaction ID: D549 Date of Disbursement 12 / 05 / 2005
Mailing Address 17 West Lockwood		Amount of Each Disbursement this Period 5000.00
City Saint Louis State MO Zip Code 63119	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Claire McCaskill		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial)		Transaction ID: D462																					
A. New Jersey Democratic State Comm.-Federal Account		Date of Disbursement																					
Mailing Address 196 West State Street Suite 105		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	4		2	0	5															
City Trenton	State NJ	Zip Code 08608	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2005 Contribution		Category/ Type	5000.00																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: D559																					
B. Nelson 2006		Date of Disbursement																					
Mailing Address P.O. Box 8666		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	3		2	0	5															
City Omaha	State NE	Zip Code 68103	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	2500.00																				
Candidate Name Ben Nelson																							
Office Sought:	Disbursement For: 2006																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: NE	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: D432																					
C. Washington St. Democratic Central Comm.-Fed. Acct.		Date of Disbursement																					
Mailing Address P.O. Box 4027		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	1		2	0	5															
City Seattle	State WA	Zip Code 98104	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2005 Contribution		Category/ Type	5000.00																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

A. Full Name (Last, First, Middle Initial) Harold Ford, Jr. for Tennessee		Transaction ID: D477 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address 5120 Barry Road Suite 1300		Amount of Each Disbursement this Period 5000.00
City Memphis State TN Zip Code 38117	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Harold Ford, Jr.		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Friends of Kent Conrad		Transaction ID: D538 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address P.O. Box 812		Amount of Each Disbursement this Period 5000.00
City Bismarck State ND Zip Code 58502	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Kent Conrad		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Bill Nelson for U.S. Senate		Transaction ID: D498 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 5000.00
City Satellite Beach State FL Zip Code 32937	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Bill Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) A. Farrell for Congress		Transaction ID: D444 Date of Disbursement 08 / 15 / 2005
Mailing Address PO Box 5136		Amount of Each Disbursement this Period 5000.00
City Westport	State CT Zip Code 06881	
Purpose of Disbursement Contribution		
Candidate Name Diane Farrell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 04		

Full Name (Last, First, Middle Initial) B. Democratic Party of Wisconsin		Transaction ID: D433 Date of Disbursement 07 / 21 / 2005
Mailing Address 222 W. Washington Ave. Suite 150		Amount of Each Disbursement this Period 5000.00
City Madison	State WI Zip Code 53703	
Purpose of Disbursement 2005 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Robert C. Byrd Committee		Transaction ID: D539 Date of Disbursement 12 / 13 / 2005
Mailing Address 607 14th Street, NW Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington	State DC Zip Code 20036	
Purpose of Disbursement Contribution		
Candidate Name Robert C. Byrd		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District:		

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	57500.00