

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
KEN LONGMYER FOR CONGRESS

ADDRESS (number and street) 3021 SYLVAN DRIVE  
 Check if different than previously reported. (ACC)  
FALLS CHURCH VA 22042

2. **FEC IDENTIFICATION NUMBER** C00402867  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
VA 11

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 05 25 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Emilie Larson

Signature of Treasurer Electronically Filed by Emilie Larson Date 07 15 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

Write or Type Committee Name

KEN LONGMYER FOR CONGRESS

Report Covering the Period:

From: 

M	M
0	5

D	D
2	5

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	11439.00	76820.75
(b) Total Contribution Refunds (from Line 20(d)).....	900.00	1400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10539.00	75420.75
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	20619.94	99891.84
(b) Total Offsets to Operating Expenditures (from Line 14).....	277.40	323.11
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20342.54	99568.73
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	663.83	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	13693.79	

**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  
KEN LONGMYER FOR CONGRESS

Report Covering the Period: From: 

M	M
0	5

D	D
2	5

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	7075.00	39730.75
(i) Itemized (use Schedule A).....	3764.00	35440.00
(ii) Unitemized.....	10839.00	75170.75
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	600.00	1650.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	11439.00	76820.75
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	11193.79
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	11193.79
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	11716.40	88337.65

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	20619.94	99891.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	900.00	1400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	900.00	1400.00
21. OTHER DISBURSEMENTS.....	0.00	1000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	21519.94	102291.84

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10467.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	11716.40
25. SUBTOTAL (add Line 23 and Line 24).....	22183.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21519.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	663.83

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
**KEN LONGMYER FOR CONGRESS**

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

Mailing Address 13708 Leland Drive

City State Zip Code  
Centreville VA 20120

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 11 / 2006

**Transaction ID:** SA11A1.5374

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Julius W. Becton, Jr.

Mailing Address 7737 Jewelweed Ct.

City State Zip Code  
Springfield VA 22152

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

Name of Employer Retired Occupation Retired

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2006

**Transaction ID:** SA11A1.5369

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Zachariah Blechman

Mailing Address 120 Hunter Ridge Ln.

City State Zip Code  
Christiansburg VA 24073

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

Name of Employer VA Tech Occupation Student

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2006

**Transaction ID:** SA11A1.5471

Amount of Each Receipt this Period  
300.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**KEN LONGMYER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Parker W. Borg</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 6	
Mailing Address <b>9061 Jeffrey Road</b>		Transaction ID: SA11A1.5402	
City <b>Great Falls</b>	State <b>VA</b>	Amount of Each Receipt this Period 100.00	
Zip Code <b>22066</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Betty J. Burrows</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address <b>7418 Spring Village Dr. #228</b>		Transaction ID: SA11A1.5468	
City <b>Springfield</b>	State <b>VA</b>	Amount of Each Receipt this Period 100.00	
Zip Code <b>22150</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-employed	Occupation Housewife		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. William Euille</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6	
Mailing Address <b>106 E. Nelson Ave.</b>		Transaction ID: SA11A1.5441	
City <b>Alexandria</b>	State <b>VA</b>	Amount of Each Receipt this Period 500.00	
Zip Code <b>22301</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Wm. Euille & Associates	Occupation Contractor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
KEN LONGMYER FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> William M. Felmlee		Date of Receipt MM / DD / YYYY 06 / 25 / 2006
Mailing Address 10007 Woodrow St.		<b>Transaction ID:</b> SA11A1.5399
City Vienna	State VA	Zip Code 22181
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Real Estate Appraiser	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mary G. Gotschall		Date of Receipt MM / DD / YYYY 05 / 30 / 2006
Mailing Address 6542 Marlo Dr.		<b>Transaction ID:</b> SA11A1.5446
City Falls Church	State VA	Zip Code 22042
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Marketing Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kevin Howe		Date of Receipt MM / DD / YYYY 05 / 30 / 2006
Mailing Address 3531 Half Moon Cir.		<b>Transaction ID:</b> SA11A1.5449
City Falls Church	State VA	Zip Code 22044
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation General Contractor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**KEN LONGMYER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Catherine M. Hudgins</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6	
Mailing Address 11301 Wedge Dr.		Transaction ID: SA11A1.5451	
City State Zip Code Reston VA 20190	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Fairfax County Member, Board of Supervisors	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Nancy S. Kader</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 10301 Dunfries		Transaction ID: SA11A1.5458	
City State Zip Code Vienna VA 22181	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Pal-Tech Inc Human Resources Director	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Sami A. Kalifa</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6	
Mailing Address 4450 Exeter Street		Transaction ID: SA11A1.5455	
City State Zip Code Annandale VA 22003	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Flower Den Florist	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	875.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**KEN LONGMYER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Andrew I. Killgore

Mailing Address 4451 Springdale St., NW

City Washington State DC Zip Code 20016

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

Name of Employer Information Requested Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

**Transaction ID:** SA11A1.5467

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Suchada V Langley

Mailing Address 2435 Flint Hill Road

City Vienna State VA Zip Code 22181

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

Name of Employer US Dept of Agriculture Occupation Economist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

**Transaction ID:** SA11A1.5469

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
A. Patricia Lightfoot

Mailing Address 7317 Old Carolina Road

City Gainesville State VA Zip Code 20155

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

Name of Employer Self-employed Occupation Information Technology Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

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

**Transaction ID:** SA11A1.5335

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**KEN LONGMYER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Terry L. Mansberger

Mailing Address 7800 Antiopi Street

City Annandale State VA Zip Code 22003

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

Name of Employer AT&T Occupation Product Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 11 / 2006

**Transaction ID: SA11A1.5373**

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Michael McCord

Mailing Address 8300 Riverton Ln.

City Alexandria State VA Zip Code 22308

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

Name of Employer NLC Mutual Occupation Vice-President, Finance

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2006

**Transaction ID: SA11A1.5371**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Hugh J. McLellan

Mailing Address 3715 Whispering Lane

City Falls Church State VA Zip Code 22041

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 11 / 2006

**Transaction ID: SA11A1.5372**

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
**KEN LONGMYER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Paul D. Noursi

Mailing Address 2005 Labrador Lane

City State Zip Code  
Vienna VA 22182

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

Name of Employer Occupation  
Patton, Harris, Rust & Associates Civil Engineer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** SA11A1.5457

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
John T Peterson

Mailing Address 10913 Spurlock Court

City State Zip Code  
Fairfax VA 22032

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2006

**Transaction ID:** SA11A1.5397

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sidney Boyd Savage

Mailing Address 6445 Eppard Street

City State Zip Code  
Falls Church VA 22042

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

Name of Employer Occupation  
Self-employed Volunteer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 30 / 2006

**Transaction ID:** SA11A1.5442

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
KEN LONGMYER FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Sidney Boyd Savage

Mailing Address 6445 Eppard Street

City Falls Church State VA Zip Code 22042

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

Name of Employer Self-employed Occupation Volunteer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

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

**Transaction ID:** SA11A1.5375

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Valerie A. Wilk

Mailing Address 3032 Crane Drive

City Falls Church State VA Zip Code 22042

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

Name of Employer National Education Association Occupation Project Coordinator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** SA11A1.5472

Amount of Each Receipt this Period  
 100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7075.00

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

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

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NAME OF COMMITTEE (In Full)  
**KEN LONGMYER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Intl Union of Elevator Constructors Local #10 PAC

Mailing Address **9600 Martin Luther King, Jr. Hwy.**

City **Lanham** State **MD** Zip Code **20706**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt  

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

**Transaction ID: SA11C.5504**

Amount of Each Receipt this Period  

<b>250.00</b>
---------------

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

**B.** Full Name (Last, First, Middle Initial)  
NAAA-ADC PAC

Mailing Address **4201 Connecticut Ave., NW #300**

City **Washington** State **DC** Zip Code **20008**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	0	6

**Transaction ID: SA11C.5502**

Amount of Each Receipt this Period  

<b>350.00</b>
---------------

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>600.00</b>

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

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

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NAME OF COMMITTEE (In Full)  
KEN LONGMYER FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Continental Services Inc.

Mailing Address 7770 Southern Drive

City	State	Zip Code
Springfield	VA	22150

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

Name of Employer	Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
277.40

Date of Receipt  

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

Transaction ID: SA14.5505

Amount of Each Receipt this Period  
277.40

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	277.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	277.40

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 15 / 27

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

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NAME OF COMMITTEE (In Full)  
KEN LONGMYER FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Bjorklund Communications</b>		<b>Transaction ID:</b> SB17.5345 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 3022 Sylvan Drive		Amount of Each Disbursement this Period 7450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fairfax VA 22042	Purpose of Disbursement Graphics and 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Frank O. Blechman</b>		<b>Transaction ID:</b> SB17.5351 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 7900 Wolf Run Hills Road		Amount of Each Disbursement this Period 117.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fairfax Station VA 22039	Purpose of Disbursement Printing, Postage, 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>C. Frank O. Blechman</b>		<b>Transaction ID:</b> SB17.5352 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 6
Mailing Address 7900 Wolf Run Hills Road		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Fairfax Station VA 22039	Purpose of Disbursement Campaign Management Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10067.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN LONGMYER FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Frank O. Blechman</b>		<b>Transaction ID: SB17.5357</b> Date of Disbursement 06 / 12 / 2006	
Mailing Address 7900 Wolf Run Hills Road		Amount of Each Disbursement this Period 2500.00	
City Fairfax Station State VA Zip Code 22039	Purpose of Disbursement Campaign Management Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Frank O. Blechman</b>		<b>Transaction ID: SB17.5362</b> Date of Disbursement 06 / 15 / 2006	
Mailing Address 7900 Wolf Run Hills Road		Amount of Each Disbursement this Period 188.12	
City Fairfax Station State VA Zip Code 22039	Purpose of Disbursement Office Supplies & Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Frank O. Blechman</b>		<b>Transaction ID: SB17.5363</b> Date of Disbursement 06 / 30 / 2006	
Mailing Address 7900 Wolf Run Hills Road		Amount of Each Disbursement this Period 2500.00	
City Fairfax Station State VA Zip Code 22039	Purpose of Disbursement Campaign Management Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5188.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN LONGMYER FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Cantrell Cutter</b>		<b>Transaction ID: SB17.5359</b> Date of Disbursement 06 / 15 / 2006
Mailing Address 1789 Olive St.		Amount of Each Disbursement this Period 222.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Capital 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. D&amp;P Printing &amp; Graphics</b>		<b>Transaction ID: SB17.5346</b> Date of Disbursement 06 / 05 / 2006
Mailing Address 5641-I General Washington Dr.		Amount of Each Disbursement this Period 103.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22312	Category/ Type	
Purpose of Disbursement Printing		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. D&amp;P Printing &amp; Graphics</b>		<b>Transaction ID: SB17.5350</b> Date of Disbursement 06 / 06 / 2006
Mailing Address 5641-I General Washington Dr.		Amount of Each Disbursement this Period 362.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22312	Category/ Type	
Purpose of Disbursement Printing		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	689.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 27

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

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NAME OF COMMITTEE (In Full)  
KEN LONGMYER FOR CONGRESS

<b>A. Mosaic</b> Full Name (Last, First, Middle Initial) Mailing Address 4801 Viewpoint Pl. City Cheverly State MD Zip Code 20781 Purpose of Disbursement 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) ▼		<b>Transaction ID:</b> SB17.5347 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 2979.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Newtek</b> Full Name (Last, First, Middle Initial) Mailing Address 744 N. 4th Street City Milwaukee State WI Zip Code 53203 Purpose of Disbursement Credit Card Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.5349 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 38.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Newtek</b> Full Name (Last, First, Middle Initial) Mailing Address 744 N. 4th Street City Milwaukee State WI Zip Code 53203 Purpose of Disbursement Credit Card Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> SB17.5343 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 13.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**3031.64**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
KEN LONGMYER FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		<b>Transaction ID:</b> SB17.5339 Date of Disbursement
Mailing Address 8409 Lee Highway		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Merrifield	State VA	Zip Code 22116
Purpose of Disbursement Postage	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="50.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		<b>Transaction ID:</b> SB17.5340 Date of Disbursement
Mailing Address 8409 Lee Highway		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City Merrifield	State VA	Zip Code 22116
Purpose of Disbursement Postage	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="159.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. U.S. Postal Service</b>		<b>Transaction ID:</b> SB17.5342 Date of Disbursement
Mailing Address 8409 Lee Highway		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City Merrifield	State VA	Zip Code 22116
Purpose of Disbursement Postage	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="95.00"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="304.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 27

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

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NAME OF COMMITTEE (In Full)  
KEN LONGMYER FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		<b>Transaction ID:</b> SB17.5344 Date of Disbursement
Mailing Address 8409 Lee Highway		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City Merrifield	State VA	Zip Code 22116
Purpose of Disbursement Postage	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="663.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		<b>Transaction ID:</b> SB17.5356 Date of Disbursement
Mailing Address 8409 Lee Highway		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2006"/>
City Merrifield	State VA	Zip Code 22116
Purpose of Disbursement Postage	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="165.75"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. U.S. Postal Service</b>		<b>Transaction ID:</b> SB17.5358 Date of Disbursement
Mailing Address 8409 Lee Highway		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Merrifield	State VA	Zip Code 22116
Purpose of Disbursement Postage	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="249.12"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1077.87"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 27

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

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NAME OF COMMITTEE (In Full)  
KEN LONGMYER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address P.O. Box 17577

City Baltimore State MD Zip Code 21297

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.5353

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	6		0	7		2	0	0	6

Amount of Each Disbursement this Period

151.08
--------

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

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

151.08

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

20509.94

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 27

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

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NAME OF COMMITTEE (In Full)  
KEN LONGMYER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Patricia Lightfoot

Mailing Address 7317 Old Carolina Road

City Gainesville State VA Zip Code 20155

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB20A.5341

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

900.00

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

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

900.00

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

900.00

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 23 / 27
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
**KEN LONGMYER FOR CONGRESS**

**Transaction ID: SC/10.4637**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) KENNETH LONGMYER, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3021 SYLVAN DRIVE	
City FALLS CHURCH State VA ZIP Code 22042	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

**TERMS**

Date Incurred MM DD YYYY 01 13 2006	Date Due On Demand	Interest Rate N/A % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>3000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 24 / 27
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 KEN LONGMYER FOR CONGRESS

**Transaction ID: SC/10.4639**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) KENNETH LONGMYER, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3021 SYLVAN DRIVE	
City FALLS CHURCH State VA ZIP Code 22042	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS**

Date Incurred MM DD YYYY 01 31 2006	Date Due On Demand	Interest Rate N/A % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>5000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	



**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 25 / 27
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
**KEN LONGMYER FOR CONGRESS**

**Transaction ID: SC/10.5048**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) KENNETH LONGMYER, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3021 SYLVAN DRIVE	
City FALLS CHURCH State VA ZIP Code 22042	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 2 6 Y Y Y Y 2 0 0 6	On Demand	N/A % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>2500.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 26 / 27
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
**KEN LONGMYER FOR CONGRESS**

**Transaction ID: SC/10.5332**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) KENNETH LONGMYER, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3021 SYLVAN DRIVE	
City FALLS CHURCH State VA ZIP Code 22042	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
693.79	0.00	693.79

**TERMS**

Date Incurred M M 04 D D 30 Y Y Y Y 2006	Date Due On Demand	Interest Rate N/A % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	693.79
<b>TOTALS</b> This Period (last page in this line only) .....	11193.79
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 27 / 27	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 KEN LONGMYER FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Frank O. Blechman	Nature of Debt (Purpose): Campaign Management Fee
Mailing Address 7900 Wolf Run Hills Road	
City State ZIP Code Fairfax Station VA 22039	

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10.5331</b>	
2500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2500.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	2500.00
2) <b>TOTALS</b> This Period (last page this line number only).....	2500.00
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	