

# 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  
Friends for Dawn Gibbons

ADDRESS (number and street) P.O. Box 7180  
 Check if different than previously reported. (ACC)  
Reno NV 89510

2. **FEC IDENTIFICATION NUMBER** C00409524  
**CITY** **STATE** **ZIP CODE**  
**STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
NV 2

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 01 01 2006 through 03 31 2006

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

Signature of Treasurer Electronically Filed by Linda K. Potter Date 09 14 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends for Dawn Gibbons

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

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

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 86639.00                | 501203.58                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 86639.00                | 501203.58                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 85181.75                | 278260.91                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 85181.75                | 278260.91                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 222427.33               |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Friends for Dawn Gibbons

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

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

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

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

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

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

67700.00

394969.00

(ii) Unitemized.....

11939.00

42635.00

(iii) TOTAL of contributions

79639.00

437604.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

7000.00

63599.58

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)

86639.00

501203.58

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

0.00

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

30.64

109.66

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

86669.64

501313.24

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 85181.75                              | 278260.91                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 0.00                                       |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 0.00                                       |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 0.00                                       |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                                  | 0.00                                       |
| 21. OTHER DISBURSEMENTS.....   | 0.00                                  | 625.00                                     |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 85181.75                              | 278885.91                                  |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 220939.44 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 86669.64  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 307609.08 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 85181.75  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 222427.33 |

**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 / 75                  |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address PO Box 4113

City State Zip Code  
Concord CA 94524-4113

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

Name of Employer Occupation  
Albert D. Seeno Construct- Owner  
ion C

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

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** 60412.C1045

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Nat Carasali

Mailing Address 4600 Kietzke Ln Ste N250

City State Zip Code  
Reno NV 89502-5000

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

Name of Employer Occupation  
Peppermill Hotel & Casino Partner

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

4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60318.C934

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dennis Trexler

Mailing Address 115 Blair Pl

City State Zip Code  
Reno NV 89509-3916

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

Name of Employer Occupation  
Self-Employed Geologist

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

200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** 60412.C984

Amount of Each Receipt this Period  
350.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4350.00**

**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 / 75                  |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 709 Putnam Dr

City State Zip Code  
Reno NV 89503-5906

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

Name of Employer  
UNR, Reno

Occupation  
Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 31 / 2006

Transaction ID: 60202.C826

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 1055 Country Estates Cir

City State Zip Code  
Reno NV 89511-1054

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

Name of Employer  
Clark and Associates

Occupation  
Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: 60412.C1055

Amount of Each Receipt this Period  
100.00

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

Host reception

**C.** Full Name (Last, First, Middle Initial)  
Sharon Clark

Mailing Address 1055 Country Estates Cir

City State Zip Code  
Reno NV 89511-1054

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

Name of Employer  
Clark and Associates

Occupation  
Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

Transaction ID: 60412.C980

Amount of Each Receipt this Period  
500.00

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

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 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 / 75                  |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 3030 S Highland Dr

City State Zip Code  
Las Vegas NV 89109-1047

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

Name of Employer Occupation  
Martin Harris Construction President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2006

Transaction ID: 60305.C870

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address Coast Resorts  
4500 W. Tropicana Avenue

City State Zip Code  
LAS VEGAS NV 89103

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

Name of Employer Occupation  
Gold Coast Casinos CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: 60305.C836

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 4515 Mountaingate Dr

City State Zip Code  
Reno NV 89509-7923

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

Name of Employer Occupation  
McDonald, Carano, Wilson LLP Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: 60305.C894

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2750.00**

**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 8 / 75                  |
|  | <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)  
Friends for Dawn Gibbons

**A.** Full Name (Last, First, Middle Initial)  
Seung Bai Park, MD

Mailing Address 4252 Dant Blvd

City State Zip Code  
Reno NV 89509-7019

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3400.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2006

Transaction ID: 60305.C859

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 420 Canal Way W

City State Zip Code  
Bethany Beach DE 19930-9008

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

Name of Employer Occupation  
John B. Conaway Company Self

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2006

Transaction ID: 60305.C854

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Conaway

Mailing Address 420 Canal Way W

City State Zip Code  
Bethany Beach DE 19930-9008

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

Name of Employer Occupation  
John B. Conaway Company Self

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2006

Transaction ID: 60305.C888

Amount of Each Receipt this Period  
-500.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 75                  |
|  | <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)  
Friends for Dawn Gibbons

**A.** Full Name (Last, First, Middle Initial)  
Serge & Patricia Puchert

Mailing Address 1020 Koontz Ln

City State Zip Code  
Carson City NV 89701-6420

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: 60509.C1186

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address PO Box 35

City State Zip Code  
Yerington NV 89447-0035

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

Name of Employer Peri & Peri Occupation Pres. & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 60415.C1077

Amount of Each Receipt this Period  
1100.00

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

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

Mailing Address PO Box 35

City State Zip Code  
Yerington NV 89447-0035

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

Name of Employer Peri & Peri Occupation Pres. & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: 60202.C785

Amount of Each Receipt this Period  
900.00

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

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 1270 Palisade Dr

City State Zip Code  
Reno NV 89509-3237

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

Name of Employer Occupation  
Morgan Stanley Financial Advisor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

**Transaction ID:** 60202.C802

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 792 Aspen Trail

City State Zip Code  
Reno NV 89509

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

Name of Employer Occupation  
Dermody Properties CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3450.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2006

**Transaction ID:** 60412.C1015

Amount of Each Receipt this Period  
2100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Michael Dermody

Mailing Address 792 Aspen Trail

City State Zip Code  
Reno NV 89509

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

Name of Employer Occupation  
Dermody Properties CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4050.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2006

**Transaction ID:** 60412.C1016

Amount of Each Receipt this Period  
600.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2800.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 792 Aspen Trail

City State Zip Code  
Reno NV 89509

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

Name of Employer Ross, Burke and Knobel Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3450.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2006

Transaction ID: 60412.C1014

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Tammy Dermody

Mailing Address 792 Aspen Trail

City State Zip Code  
Reno NV 89509

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

Name of Employer Ross, Burke and Knobel Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4050.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2006

Transaction ID: 60412.C1013

Amount of Each Receipt this Period  
600.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sue Belcher

Mailing Address P.O. Box 47

City State Zip Code  
Middletown CA 95461

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

Name of Employer Self Occupation Self Employed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: 60305.C843

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2900.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 101 Juniper Hill Rd

City State Zip Code  
Reno NV 89509-2935

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

Name of Employer Occupation  
Marshall Hill Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2006

Transaction ID: 60305.C877

Amount of Each Receipt this Period  
50.00

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

**B.** Full Name (Last, First, Middle Initial)  
Jack Talsma

Mailing Address 4745 Rio Pinar Dr

City State Zip Code  
Reno NV 89509-5722

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

Name of Employer Occupation  
Self-Retired Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2006

Transaction ID: 60412.C994

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Nick Rinauro

Mailing Address PO Box 1988

City State Zip Code  
Carson City NV 89702-1988

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1800.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2006

Transaction ID: 60412.C975

Amount of Each Receipt this Period  
300.00

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

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>550.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 1995 Dant Blvd

City State Zip Code  
Reno NV 89509-5130

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2006

**Transaction ID:** 60305.C856

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Kathleen Fralick

Mailing Address PO Box 51840

City State Zip Code  
Sparks NV 89435-1840

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 ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

**Transaction ID:** 60305.C915

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Fuller

Mailing Address 1821 Arboleda Ct

City State Zip Code  
Reno NV 89521-3067

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

Name of Employer Century 21 Miner Realty Occupation Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2006

**Transaction ID:** 60305.C878

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 355 Boxington Way

City Sparks State NV Zip Code 89434-8904

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

Name of Employer Self Occupation Business Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2006

Transaction ID: 60412.C1023

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Frances Nelson

Mailing Address Sixty 31st Ave

City San Mateo State CA Zip Code 94403

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

Name of Employer Bohannon Development Company Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2006

Transaction ID: 60305.C876

Amount of Each Receipt this Period  
1100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Byron Waite

Mailing Address 1759 Ironwood Dr

City Minden State NV Zip Code 89423-4703

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

Name of Employer Self Occupation Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2006

Transaction ID: 60305.C830

Amount of Each Receipt this Period  
100.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 1759 Ironwood Dr

City State Zip Code  
Minden NV 89423-4703

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

Name of Employer Self Occupation  
Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2006

**Transaction ID:** 60412.C1019

Amount of Each Receipt this Period  
80.00

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

**B.** Full Name (Last, First, Middle Initial)  
Byron Waite

Mailing Address 1759 Ironwood Dr

City State Zip Code  
Minden NV 89423-4703

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

Name of Employer Self Occupation  
Manager

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 580.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2006

**Transaction ID:** 60412.C1063

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Campbell

Mailing Address 9418 Wooded Glen Ave

City State Zip Code  
Burke VA 22015-4230

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) ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2006

**Transaction ID:** 60305.C852

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1180.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 9418 Wooded Glen Ave

City State Zip Code  
Burke VA 22015-4230

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 ▼ 2100.00

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

Transaction ID: 60305.C886

Amount of Each Receipt this Period  
-400.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

Mailing Address 402 Glen Eagles Ct

City State Zip Code  
Dayton NV 89403-8705

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 ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 6

Transaction ID: 60412.C1018

Amount of Each Receipt this Period  
60.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dianne Cornwall

Mailing Address 5905 Stillmeadow Dr

City State Zip Code  
Reno NV 89502-8748

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

Name of Employer Congressman Jim Gibbons Occupation Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: 60202.C818

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 14445 Quiet Meadow Dr

City State Zip Code  
Reno NV 89511-6652

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

Name of Employer Self Occupation Attorney

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 1 / 1 9 / 2 0 0 6

Transaction ID: 60202.C807

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sun Yim

Mailing Address 4391 Whitney Ct

City State Zip Code  
Sparks NV 89436-0605

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

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

Transaction ID: 60415.C1086

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sun Yim

Mailing Address 4391 Whitney Ct

City State Zip Code  
Sparks NV 89436-0605

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2150.00

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

Transaction ID: 60202.C782

Amount of Each Receipt this Period  
1950.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2100.00 |
| <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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 18 / 75 |
|--|--|--------------|

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Mark Feest<br>Mailing Address PO Box 1390<br>City Fallon State NV Zip Code 89407-1390<br>FEC ID number of contributing federal political committee. <b>C</b>                              |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 2 4 / 2 0 0 6<br><b>Transaction ID:</b> 60305.C831<br>Amount of Each Receipt this Period<br>80.00<br>In-Kind<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br>Churchill Co. Dinner ticket |
| Name of Employer C C Communications Occupation General Counsel<br>Receipt For: 2006 Election Cycle-to-Date<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 80.00 |  |  |

|   |  |  |
|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mark Feest<br>Mailing Address PO Box 1390<br>City Fallon State NV Zip Code 89407-1390<br>FEC ID number of contributing federal political committee. <b>C</b>                               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 1 8 / 2 0 0 6<br><b>Transaction ID:</b> 60412.C1017<br>Amount of Each Receipt this Period<br>80.00<br>In-Kind<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br>Churchill Lincoln Day Dinner |
| Name of Employer C C Communications Occupation General Counsel<br>Receipt For: 2006 Election Cycle-to-Date<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 160.00 |  |  |

|   |  |   |
|---|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mark Feest<br>Mailing Address PO Box 1390<br>City Fallon State NV Zip Code 89407-1390<br>FEC ID number of contributing federal political committee. <b>C</b>                               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 2 3 / 2 0 0 6<br><b>Transaction ID:</b> 60318.C923<br>Amount of Each Receipt this Period<br>50.00<br>In-Kind<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br>Co-host meet & greet |
| Name of Employer C C Communications Occupation General Counsel<br>Receipt For: 2006 Election Cycle-to-Date<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 210.00 |  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>210.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address PO Box 1390

City State Zip Code  
Fallon NV 89407-1390

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

Name of Employer Occupation  
C C Communications General Counsel

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 290.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 6

**Transaction ID:** 60412.C1065

Amount of Each Receipt this Period  
80.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mario Ramirez

Mailing Address 4255 Meadowgate Trl

City State Zip Code  
Reno NV 89509-7930

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

Name of Employer Occupation  
West Coast Contractors Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

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

**Transaction ID:** 60202.C795

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mario Ramirez

Mailing Address 4255 Meadowgate Trl

City State Zip Code  
Reno NV 89509-7930

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

Name of Employer Occupation  
West Coast Contractors Owner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1885.00

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

**Transaction ID:** 60305.C833

Amount of Each Receipt this Period  
385.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1965.00

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 2044 Scharr Cir

City State Zip Code  
Reno NV 89509-3045

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

Name of Employer  
CB Richard Ellis

Occupation  
Commercial Real Estate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

**Transaction ID:** 60202.C806

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Farrokh Hormazdi

Mailing Address 6332 Antero Dr

City State Zip Code  
Reno NV 89523-2845

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

Name of Employer  
State of Nevada Dept. Public S

Occupation  
Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2006

**Transaction ID:** 60202.C786

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Liz Younger

Mailing Address 340 Descanso Ln

City State Zip Code  
Sparks NV 89436-8551

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

Name of Employer  
The Elizabeth Younger Agency

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

**Transaction ID:** 60305.C846

Amount of Each Receipt this Period  
250.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 6546 Aston Cir

City Sparks State NV Zip Code 89436-6434

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 ▼ 600.00

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

Transaction ID: 60318.C921

Amount of Each Receipt this Period  
100.00

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

Hosted Reception

**B.** Full Name (Last, First, Middle Initial)  
Joe Fallini

Mailing Address HC 76 Box 1100

City Tonopah State NV Zip Code 89049-9760

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

Name of Employer Twin Springs Ranch Occupation Rancher

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 60318.C942

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Duong Cao Nguyen

Mailing Address 1209 Dream Bridge Dr

City Las Vegas State NV Zip Code 89144-1616

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

Name of Employer Phobabs Restaurant Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60202.C787

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 403 Hill St

City State Zip Code  
Reno NV 89501-1813

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

Name of Employer Law Office Of Curtis Coulter  
Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

**Transaction ID:** 60202.C798

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Tom Bath

Mailing Address 600 Mill St

City State Zip Code  
Ely NV 89301-1941

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

Name of Employer Economy Drug Pharmacy  
Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

**Transaction ID:** 60202.C803

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 3496 San Mateo Cir

City State Zip Code  
Reno NV 89509-5051

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

Name of Employer Into Homes  
Occupation President/CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

**Transaction ID:** 60202.C811

Amount of Each Receipt this Period  
1000.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 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 23 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 4821 E Creek Ridge Trl

City State Zip Code  
Reno NV 89509-8020

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

Name of Employer Business Travel & Tours Occupation Owner

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 1 / 2 7 / 2 0 0 6

Transaction ID: 60202.C814

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Judy Cable

Mailing Address PO Box 2524

City State Zip Code  
Fernley NV 89408-2524

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

Name of Employer Self-Employed Occupation Mororsport Owner & Developer

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 1 / 2 7 / 2 0 0 6

Transaction ID: 60202.C815

Amount of Each Receipt this Period  
1250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Judy Cable

Mailing Address PO Box 2524

City State Zip Code  
Fernley NV 89408-2524

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

Name of Employer Self-Employed Occupation Mororsport Owner & Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

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

Transaction ID: 60412.C1024

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address PO Box 2524

City State Zip Code  
Fernley NV 89408-2524

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

Name of Employer Self-Employed Occupation  
Mororsport Owner & Developer

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

1250.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2006

Transaction ID: 60202.C816

Amount of Each Receipt this Period  
1250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard Cable

Mailing Address PO Box 2524

City State Zip Code  
Fernley NV 89408-2524

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

Name of Employer Self-Employed Occupation  
Mororsport Owner & Developer

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

1750.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2006

Transaction ID: 60412.C1025

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Barbara Bath

Mailing Address 1503 22nd St N

City State Zip Code  
Arlington VA 22209-1103

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) ▼

300.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2006

Transaction ID: 60202.C819

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

**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 25 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

**A.** Full Name (Last, First, Middle Initial)  
K. J. Buchanan

Mailing Address PO Box 1749

City State Zip Code  
Reno NV 89505-1749

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

Name of Employer Occupation  
HB Engineering Engineer

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 1 / 3 1 / 2 0 0 6

Transaction ID: 60202.C822

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Kimberly Matich

Mailing Address PO Box 10352

City State Zip Code  
Glendale AZ 85318-0352

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

Name of Employer Occupation  
Anderson Security Agency, LLC President/CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 60202.C824

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Sue Chapman

Mailing Address 1 Hog Tommy Drive

City State Zip Code  
Lamoille NV 89828

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
160.00

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

Transaction ID: 60305.C832

Amount of Each Receipt this Period  
160.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1410.00 |
| <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 26 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 1 Hog Tommy Drive

City State Zip Code  
Lamoille NV 89828

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) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** 60412.C1060

Amount of Each Receipt this Period  
50.00

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

Reception - Ellison Electric

**B.** Full Name (Last, First, Middle Initial)  
Leslie Durant

Mailing Address 950 Ryland St

City State Zip Code  
Reno NV 89502-1605

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

Name of Employer Homemaker Occupation Self

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 455.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 24 / 2006

**Transaction ID:** 60305.C834

Amount of Each Receipt this Period  
455.00

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

Food for fundraiser

**C.** Full Name (Last, First, Middle Initial)  
Leslie Durant

Mailing Address 950 Ryland St

City State Zip Code  
Reno NV 89502-1605

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

Name of Employer Homemaker Occupation Self

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 655.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 06 / 2006

**Transaction ID:** 60305.C848

Amount of Each Receipt this Period  
200.00

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

Grand opening supplies & cake

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>705.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 21-43 29th Street 2D

City Astoria State NY Zip Code 11105

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

Name of Employer Title West Occupation Title Insurance Agent

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: 60305.C837

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard Simmonds

Mailing Address PO Box 9059

City Reno State NV Zip Code 89507-9059

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

Name of Employer UNR, Reno Occupation Veterinarian

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: 60305.C844

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Steve Friedlander, MD

Mailing Address 2465 Kinney Ln

City Reno State NV Zip Code 89511-6567

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

Name of Employer Self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: 60305.C845

Amount of Each Receipt this Period  
1000.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2500.00 |
| <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: <span style="float: right;">PAGE 28 / 75</span><br>(check only one)<br><input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><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)  
Friends for Dawn Gibbons

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

Mailing Address 12995 Broili Dr

City State Zip Code  
Reno NV 89511-9295

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 ▼  
1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 3 |   | 2 | 0 | 0 | 6 |

**Transaction ID:** 60305.C864

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Charles Dornbach

Mailing Address 12995 Broili Dr

City State Zip Code  
Reno NV 89511-9295

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 ▼  
2000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 3 |   | 2 | 0 | 0 | 6 |

**Transaction ID:** 60305.C863

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Suzanne Dornbach

Mailing Address 12995 Broili Dr

City State Zip Code  
Reno NV 89511-9295

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 ▼  
1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 3 |   | 2 | 0 | 0 | 6 |

**Transaction ID:** 60305.C865

Amount of Each Receipt this Period  
1000.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 12995 Broili Dr

City State Zip Code  
Reno NV 89511-9295

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 ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2006

**Transaction ID:** 60305.C866

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Carol Badwick

Mailing Address 2600 Faretto Ln

City State Zip Code  
Reno NV 89511-4603

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 ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2006

**Transaction ID:** 60305.C873

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 2635 W Lake Ridge Shrs

City State Zip Code  
Reno NV 89509-5779

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

Name of Employer Retired Occupation Judge

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2006

**Transaction ID:** 60305.C874

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

**A.** Full Name (Last, First, Middle Initial)  
Jan R. Campbell

Mailing Address 9418 Wooded Glen Ave

City State Zip Code  
Burke VA 22015-4230

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 ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2006

Transaction ID: 60305.C887

Amount of Each Receipt this Period  
400.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
Craig Willcut

Mailing Address 613 Hawk Hill Ct

City State Zip Code  
Reno NV 89511-5323

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

Name of Employer United Construction Company Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2006

Transaction ID: 60305.C893

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Pang Bai

Mailing Address 3015 Malapi Way

City State Zip Code  
Sparks NV 89431-7712

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

Name of Employer Chang Bai Enterprise Co., Ltd. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: 60305.C896

Amount of Each Receipt this Period  
2000.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 4545 Lakewood Ct

City State Zip Code  
Reno NV 89509-5834

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

Name of Employer: Developers Realty & Tahoe, Reno  
Occupation: Marketing Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2006

**Transaction ID:** 60305.C903

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard Wroblewski

Mailing Address 4545 Lakewood Ct

City State Zip Code  
Reno NV 89509-5834

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

Name of Employer: Developers Realty & Tahoe, Reno  
Occupation: Marketing Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2006

**Transaction ID:** 60305.C904

Amount of Each Receipt this Period  
2100.00

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

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

Mailing Address McDonald Carano Wilson  
Government Affairs Group, LLC

City State Zip Code  
Reno NV 89505-2670

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

Name of Employer: McDonald Carano Wilson LLP  
Occupation: Executive Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

**Transaction ID:** 60305.C910

Amount of Each Receipt this Period  
2000.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>6200.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 85 Hawken Rd

City State Zip Code  
Reno NV 89509-8012

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

Name of Employer Self Occupation Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2006

**Transaction ID:** 60305.C914

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Pam Benzing

Mailing Address 5419 Greenview Ct

City State Zip Code  
Reno NV 89502-7777

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

Name of Employer USANA Health Sciences Occupation Independent Associate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2006

**Transaction ID:** 60412.C1066

Amount of Each Receipt this Period  
340.00

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

Host reception

**C.** Full Name (Last, First, Middle Initial)  
Pam Benzing

Mailing Address 5419 Greenview Ct

City State Zip Code  
Reno NV 89502-7777

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

Name of Employer USANA Health Sciences Occupation Independent Associate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** 60412.C1046

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1340.00**

**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 33 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 25 Greybull Ct

City Reno State NV Zip Code 89509-8037

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

Name of Employer Navellier Calculated Investing  
Occupation CIO/CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2006

Transaction ID: 60318.C919

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Scott Sweeney

Mailing Address 1499 Wild Wolf Way

City Reno State NV Zip Code 89521-5163

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

Name of Employer Developers Realty & Tahoe Reno  
Occupation Vice-President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2006

Transaction ID: 60318.C926

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 3585 Rocky Ridge Blvd

City Sparks State NV Zip Code 89431-1303

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

Name of Employer Developers Realty & Tahoe Reno  
Occupation Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2006

Transaction ID: 60318.C927

Amount of Each Receipt this Period  
500.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3100.00 |
| <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 34 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 1015 Mount Rose St

City State Zip Code  
Reno NV 89509-3228

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

Name of Employer  
Developers Realty & Tahoe  
Reno

Occupation  
Real Estate Agent

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2006

Transaction ID: 60318.C928

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joan Bedell

Mailing Address 4545 Lakewood Ct

City State Zip Code  
Reno NV 89509-5834

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 ▼

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2006

Transaction ID: 60318.C933

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 4600 Kietzke Ln Ste N250

City State Zip Code  
Reno NV 89502-5000

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

Name of Employer  
Peppermill Hotel & Casino

Occupation  
Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2006

Transaction ID: 60318.C935

Amount of Each Receipt this Period  
2000.00

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 1127 Guilford Ct

City State Zip Code  
Mc Lean VA 22101-2948

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

Name of Employer Self-Employed Occupation  
Independent Consultant

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

500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2006

Transaction ID: 60318.C941

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Edwin Seipp

Mailing Address 49 Tuscaloosa Ave

City State Zip Code  
Atherton CA 94027-4014

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  
MM / DD / YYYY  
03 / 13 / 2006

Transaction ID: 60318.C943

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ray LaHood

Mailing Address 4238 N Knoxville Ave

City State Zip Code  
Peoria IL 61614-7435

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

Name of Employer Congress Occupation  
Congressman

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

1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2006

Transaction ID: 60318.C944

Amount of Each Receipt this Period  
1000.00

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

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address PO Box 7773  
P.O. Box 7773

City State Zip Code  
Reno NV 89510-7773

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

Name of Employer Occupation  
Jones Vargas Law Firm Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** 60412.C961

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Steven Atcheson, MD

Mailing Address 1697 Aspen Creek Rd

City State Zip Code  
Reno NV 89509-0685

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

Name of Employer Occupation  
Internal Medicine Rheumatology Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** 60412.C976

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2840 Sagittarius Dr

City State Zip Code  
Reno NV 89509-3877

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

Name of Employer Occupation  
Washoe County District Attorney Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2006

**Transaction ID:** 60412.C989

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address Hi Discount Liquor & Food Store  
438 South 5th Street, Suite 5

City Elko State NV Zip Code 89801

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

Name of Employer Hi Discount Liquor Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2006

Transaction ID: 60412.C992

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Raj Dujal

Mailing Address Hi Discount Liquor & Food Store  
438 South 5th Street, Suite 5

City Elko State NV Zip Code 89801

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

Name of Employer Hi Discount Liquor Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2006

Transaction ID: 60412.C993

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Clif Maclin

Mailing Address 827 Shenandoah Dr

City Carson City State NV Zip Code 89706-0187

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

Name of Employer Maclin International, Inc. Occupation Investment Advisor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2006

Transaction ID: 60412.C1028

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1300.00**

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

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 / 75                 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 1611 Quail Bar Ct

City State Zip Code  
Reno NV 89521-5127

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

Name of Employer Professional Volunteer Occupation Self

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 130.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60412.C1067

Amount of Each Receipt this Period  
130.00

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

Office supplies

**B.** Full Name (Last, First, Middle Initial)  
Janet Normington

Mailing Address 1611 Quail Bar Ct

City State Zip Code  
Reno NV 89521-5127

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

Name of Employer Professional Volunteer Occupation Self

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2006

Transaction ID: 60412.C1049

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mark Benka

Mailing Address 615 Country Club Dr

City State Zip Code  
Incline Village NV 89451-8917

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

Name of Employer Incline Village Realty Occupation Realtor

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  
03 / 18 / 2006

Transaction ID: 60412.C1059

Amount of Each Receipt this Period  
300.00

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

Host reception

**SUBTOTAL** of Receipts This Page (optional) ..... ► **530.00**

**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 39 / 75 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><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)  
Friends for Dawn Gibbons

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

Mailing Address 420 Canal Way West

City State Zip Code  
Bethany Beach DE 19930-9008

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2006  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2006

Transaction ID: 60415.C1085

Amount of Each Receipt this Period  
500.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
Linda Conaway

Mailing Address 420 Canal Way West

City State Zip Code  
Bethany Beach DE 19930-9008

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2006  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2006

Transaction ID: 60415.C1083

Amount of Each Receipt this Period  
500.00

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

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 500.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 67700.00 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |              |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 40 / 75 |
|  | <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)  
Friends for Dawn Gibbons

**A.** Full Name (Last, First, Middle Initial)  
Tew Cardenas PAC

Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606-2693

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

Name of Employer Occupation  
PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2006

**Transaction ID:** 60412.C1040

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address PO Box 2004

City Findlay State OH Zip Code 45839-2004

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

Name of Employer Occupation  
Congressman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2006

**Transaction ID:** 60318.C932

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
International Game Technology PAC

Mailing Address Audrey P. Damonte  
9295 Prototype Drive

City Reno State NV Zip Code 89521-8986

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

Name of Employer Occupation  
Assoc. General Counsel Govt. R

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 27 / 2006

**Transaction ID:** 60202.C817

Amount of Each Receipt this Period  
500.00

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

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3500.00 |
| <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 41 / 75 |
|  | <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)  
Friends for Dawn Gibbons

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

Mailing Address 4617 E Ocotillo Rd

City State Zip Code  
Paradise Valley AZ 85253-4032

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

Name of Employer Self-Employed Occupation  
Attorney

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2006

Transaction ID: 60412.C1041

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 101 Constitution Ave NW Ste 800

City State Zip Code  
Washington DC 20001-2133

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

Name of Employer Occupation  
PAC

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2006

Transaction ID: 60412.C1042

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mario Tiberti

Mailing Address 2633 Topaz Sq

City State Zip Code  
Las Vegas NV 89121-2139

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

Name of Employer Occupation  
Nova Company Contractor

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2006

Transaction ID: 60412.C1043

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |                              |   |
|--|------------------------------|---|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 42 / 75                            |
|  | (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)<br>Friends for Dawn Gibbons |
|---|

|   |                                     |
|---|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br>A. R. M. Tiberti   |                                     |
| Mailing Address 7371 W Charleston Blvd Ste 110  |                                     |
| City<br>Las Vegas   | State<br>NV                         |
| Zip Code<br>89117-1575  |                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                     |
| Name of Employer<br>Tiberti Construction  | Occupation<br>Vice President        |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |

|  |
|--|
| Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2006  |
| Transaction ID: 60412.C1044  |
| Amount of Each Receipt this Period<br>1000.00  |
| Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|   |         |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) .....           | 1000.00 |
| TOTAL This Period (last page this line number only) ..... | 7000.00 |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Chase Card Services</b>   |  | <b>Transaction ID:</b> 60305.E221<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6   |
| Mailing Address P.O. Box 9001950   |  | Amount of Each Disbursement this Period<br>903.10<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Louisville State KY Zip Code 40290-   | Purpose of Disbursement<br>CREDIT CAARD: SEE BELOW:  |  |
| Candidate Name   | Category/Type  | CREDIT CAARD: SEE BELOW:   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Southwest Airlines</b>  |  | <b>Transaction ID:</b> 60615.E373<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6   |
| Mailing Address PO Box 36647   |  | Amount of Each Disbursement this Period<br>743.80<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75235-1647   | Purpose of Disbursement<br>AIRFARE   |  |
| Candidate Name   | Category/Type  | [MEMO ITEM]<br>MEMO: AIRFARE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mary Jane Harding</b>   |  | <b>Transaction ID:</b> 60415.E270<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6  |
| Mailing Address 836 Regalia Ct   |  | Amount of Each Disbursement this Period<br>50.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Gardnerville State NV Zip Code 89410-7872   | Purpose of Disbursement<br>REIMB. FOR MEALS - NVFRW SPRING BOA   |   |
| Candidate Name   | Category/Type  | REIMB. FOR MEALS - NVFRW SPRING BOA   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 953.10 |
| <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)  
Friends for Dawn Gibbons

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mary Jane Harding</b>   |  | <b>Transaction ID:</b> 60415.E272<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>03 / 14 / 2006  |
| Mailing Address 836 Regalia Ct   |  | Amount of Each Disbursement this Period<br>30.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Gardnerville NV 89410-7872  | Purpose of Disbursement<br>REIMB. FOR MEALS - SAVOR THE FLAVOR<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMB. FOR MEALS - SAVOR THE FLAVOR   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Byron Waite</b>   |  | <b>Transaction ID:</b> 60412.C1063IK<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>03 / 23 / 2006  |
| Mailing Address 1759 Ironwood Dr   |  | Amount of Each Disbursement this Period<br>100.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Minden NV 89423-4703  | Purpose of Disbursement<br>RECEPTION - TAHOE RIDGE WINERY<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | IN KIND: RECEPTION - TAHOE RIDGE WINERY  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Chase Card Services</b>   |  | <b>Transaction ID:</b> 60305.E224<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>01 / 31 / 2006  |
| Mailing Address P.O. Box 9001950   |  | Amount of Each Disbursement this Period<br>16.63<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Louisville KY 40290-  | Purpose of Disbursement<br>ADVERTISEMENT<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | ADVERTISEMENT   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 146.63 |
| <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 45 / 75

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Spec TIR Corporation</b>  |  | <b>Transaction ID:</b> 60305.E242<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 5 / 2 0 0 6 |
| Mailing Address 1320 Freeport Blvd Ste 106   |  | Amount of Each Disbursement this Period<br>650.00  |
| City Sparks State NV Zip Code 89431-5941   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement OFFICE RENT<br>Candidate Name _____ Category/Type _____  |  | OFFICE RENT  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID:</b> 60305.E200<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>3500.00   |
| City Henderson State NV Zip Code 89053-0787  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement CAMPAIGN CONSULTING<br>Candidate Name _____ Category/Type _____  |  | CAMPAIGN CONSULTING  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>  |  | <b>Transaction ID:</b> 60305.E212<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address PO Box 4001  |  | Amount of Each Disbursement this Period<br>56.25   |
| City Inglewood State CA Zip Code 90313-0001  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement TELEPHONE<br>Candidate Name _____ Category/Type _____  |  | TELEPHONE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____ | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4206.25 |
| <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)  
Friends for Dawn Gibbons

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Pam Benzing</b>   |  | <b>Transaction ID:</b> 60412.C1066IK<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 6 |  |
| Mailing Address 5419 Greenview Ct  |  | Amount of Each Disbursement this Period<br>340.00  |  |
| City Reno State NV Zip Code 89502-7777   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |  |
| Purpose of Disbursement<br>HOST RECEPTION  | Category/Type  |  |  |
| Candidate Name   | IN KIND: HOST RECEPTION  |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |  |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID:</b> 60305.E194<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 6 |  |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>2600.00  |  |
| City Henderson State NV Zip Code 89053-0787  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |  |
| Purpose of Disbursement<br>CAMPAIGN CONSULTING   | Category/Type  |   |  |
| Candidate Name   | CAMPAIGN CONSULTING  |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |

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|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stephen Markoe</b>  |  | <b>Transaction ID:</b> 60412.C1018IK<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 4 / 2 0 0 6 |  |
| Mailing Address 402 Glen Eagles Ct   |  | Amount of Each Disbursement this Period<br>60.00   |  |
| City Dayton State NV Zip Code 89403-8705   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |  |
| Purpose of Disbursement<br>LYON CO. LINCOLN DAY DINNER   | Category/Type  |  |  |
| Candidate Name   | IN KIND: LYON CO. LINCOLN DAY DINNER   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 75

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Friends for Dawn Gibbons

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID:</b> 60415.E245<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |  |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>1280.00  |  |
| City Henderson<br>State NV<br>Zip Code 89053-0787  | Purpose of Disbursement<br>SEE BELOW:  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53     |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SEE BELOW:  |  |

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|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Young Electric Sign Company</b>   |  | <b>Transaction ID:</b> 60615.E362<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |  |
| Mailing Address PO Box 11676   |  | Amount of Each Disbursement this Period<br>1280.00  |  |
| City Tacoma<br>State WA<br>Zip Code 98411-6676   | Purpose of Disbursement<br>TRI-VISION PRODUCTION & INSTALL   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53     |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: TRI-VISION PRODUCTI-ON & INSTALL  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID:</b> 60415.E264<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |  |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>218.18   |  |
| City Henderson<br>State NV<br>Zip Code 89053-0787  | Purpose of Disbursement<br>SEE BELOW:  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53     |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SEE BELOW:  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1498.18 |
| <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)  
Friends for Dawn Gibbons

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Southwest Airlines</b>  |  | <b>Transaction ID:</b> 60615.E364<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6  |
| Mailing Address PO Box 36647   |  | Amount of Each Disbursement this Period<br>78.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75235-1647   | <b>[MEMO ITEM]</b><br>MEMO: REIMB. FOR AIRFARE |   |
| Purpose of Disbursement REIMB. FOR AIRFARE<br>Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                          |

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mary Jane Harding</b>   |                                     | <b>Transaction ID:</b> 60415.E271<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6  |
| Mailing Address 836 Regalia Ct   |                                     | Amount of Each Disbursement this Period<br>60.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Gardnerville State NV Zip Code 89410-7872   | REIMB. FOR MEALS - SAVOR THE FLAVOR |   |
| Purpose of Disbursement REIMB. FOR MEALS - SAVOR THE FLAVOR<br>Candidate Name  |                                     | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                          |

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Sharon Clark</b>  |                         | <b>Transaction ID:</b> 60412.C1055IK<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 6  |
| Mailing Address 1055 Country Estates Cir   |                         | Amount of Each Disbursement this Period<br>100.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Reno State NV Zip Code 89511-1054   | IN KIND: HOST RECEPTION |  |
| Purpose of Disbursement HOST RECEPTION<br>Candidate Name   |                         | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                         | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                           |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 160.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Chase Card Services</b>   |  | <b>Transaction ID:</b> 60305.E222<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6  |
| Mailing Address P.O. Box 9001950   |  | Amount of Each Disbursement this Period<br>82.53<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Louisville State KY Zip Code 40290-   | Purpose of Disbursement MEALS<br>Candidate Name <input type="checkbox"/> Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MEALS   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mary Jane Harding</b>   |  | <b>Transaction ID:</b> 60415.E267<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 8 / 2 0 0 6   |
| Mailing Address 836 Regalia Ct   |  | Amount of Each Disbursement this Period<br>119.96<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Gardnerville State NV Zip Code 89410-7872   | Purpose of Disbursement SEE BELOW:<br>Candidate Name <input type="checkbox"/> Category/Type                                    |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SEE BELOW:   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Quill Internet Service</b>  |  | <b>Transaction ID:</b> 60615.E352<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 8 / 2 0 0 6   |
| Mailing Address Quill.Com  |  | Amount of Each Disbursement this Period<br>119.96<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ontario State CA Zip Code 91764-  | Purpose of Disbursement REIMB. FOR OFFICE SUPPLIES<br>Candidate Name <input type="checkbox"/> Category/Type                    |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: REIMB. FOR OFFICE SUPPLIES   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 202.49 |
| <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)  
Friends for Dawn Gibbons

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mark Feest</b>  |  | Transaction ID: 60412.C1065IK<br>Date of Disbursement<br>03 / 24 / 2006                             |  |
| Mailing Address PO Box 1390  |  | Amount of Each Disbursement this Period<br>80.00  |  |
| City Fallon<br>State NV<br>Zip Code 89407-1390   | Purpose of Disbursement<br>FALLON CHAMBER OF COMMERCE  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | IN KIND: FALLON CHAMBER OF COMMERCE   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mary Jane Harding</b>   |  | Transaction ID: 60415.E261<br>Date of Disbursement<br>03 / 18 / 2006                                |  |
| Mailing Address 836 Regalia Ct   |  | Amount of Each Disbursement this Period<br>78.00  |  |
| City Gardnerville<br>State NV<br>Zip Code 89410-7872   | Purpose of Disbursement<br>SEE BELOW:  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | SEE BELOW:  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. U.S. Post Office</b>  |  | Transaction ID: 60615.E351<br>Date of Disbursement<br>03 / 18 / 2006                                |  |
| Mailing Address 2000 Vassar St   |  | Amount of Each Disbursement this Period<br>78.00  |  |
| City Reno<br>State NV<br>Zip Code 89510-9991   | Purpose of Disbursement<br>REIMB. FOR STAMPS   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: REIMB. FOR STAMPS   |  |

|  |        |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 158.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____  |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Neil Lunt   |  | <b>Transaction ID:</b> 60305.E240<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 5 / 2 0 0 6 |
| Mailing Address 1888 Rizzo Dr  |  | Amount of Each Disbursement this Period<br>75.00   |
| City Sparks State NV Zip Code 89434-3444   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement REIMB. FOR TRAVEL<br>Candidate Name  |  | REIMB. FOR TRAVEL  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Jim Denton, Associates Inc  |  | <b>Transaction ID:</b> 60305.E193<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>19836.00  |
| City Henderson State NV Zip Code 89053-0787  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement REIMB. FOR ADVERTISEMENT<br>Candidate Name   |  | REIMB. FOR ADVERTISEMENT   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Mary Jane Harding   |  | <b>Transaction ID:</b> 60305.E218<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 836 Regalia Ct   |  | Amount of Each Disbursement this Period<br>204.91  |
| City Gardnerville State NV Zip Code 89410-7872   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name  |  | OFFICE SUPPLIES  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 20115.91 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____    |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. U.S. Bank</b>   |  | <b>Transaction ID:</b> 60415.E251<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 5190 Neil Rd   |  | Amount of Each Disbursement this Period<br>264.70   |
| City Reno State NV Zip Code 89502-6599   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>SERVICE CHARGE FOR CREDIT CARDS   | Candidate Name   | SERVICE CHARGE FOR CREDIT CARDS   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sue Chapman</b>   |  | <b>Transaction ID:</b> 60412.C1060IK<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 0 / 2 0 0 6 |
| Mailing Address 1 Hog Tommy Drive  |  | Amount of Each Disbursement this Period<br>50.00   |
| City Lamoille State NV Zip Code 89828-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>RECEPTION - ELLISON ELECTRIC  | Candidate Name   | IN KIND: RECEPTION - ELLISON ELECTRIC  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. U.S. Post Office</b>  |  | <b>Transaction ID:</b> 60305.E210<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6 |
| Mailing Address 2000 Vassar St   |  | Amount of Each Disbursement this Period<br>2730.00  |
| City Reno State NV Zip Code 89510-9991   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>STAMPS  | Candidate Name   | STAMPS  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3044.70 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Chase Card Services</b>   |  | <b>Transaction ID:</b> 60305.E207<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 6 |
| Mailing Address P.O. Box 9001950   |  | Amount of Each Disbursement this Period<br>102.90  |
| City Louisville State KY Zip Code 40290-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>GAS   | Candidate Name   | GAS  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Chase Card Services</b>   |  | <b>Transaction ID:</b> 60305.E208<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 6 |
| Mailing Address P.O. Box 9001950   |  | Amount of Each Disbursement this Period<br>73.72   |
| City Louisville State KY Zip Code 40290-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>MEALS   | Candidate Name   | MEALS  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Chase Card Services</b>   |  | <b>Transaction ID:</b> 60305.E223<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address P.O. Box 9001950   |  | Amount of Each Disbursement this Period<br>105.72  |
| City Louisville State KY Zip Code 40290-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>AUTOMOBILE EXPENSE  | Candidate Name   | AUTOMOBILE EXPENSE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 282.34 |
| <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)  
Friends for Dawn Gibbons

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Margaret Cleary</b>   |  | <b>Transaction ID:</b> 60318.C9211K<br>Date of Disbursement<br>02 / 28 / 2006                       |  |
| Mailing Address 6546 Aston Cir   |  | Amount of Each Disbursement this Period<br>100.00   |  |
| City Sparks<br>State NV<br>Zip Code 89436-6434   | Purpose of Disbursement<br>HOSTED RECEPTION  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | IN KIND: HOSTED RECEPTION   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mark Feest</b>  |  | <b>Transaction ID:</b> 60412.C1017IK<br>Date of Disbursement<br>02 / 18 / 2006                      |  |
| Mailing Address PO Box 1390  |  | Amount of Each Disbursement this Period<br>80.00  |  |
| City Fallon<br>State NV<br>Zip Code 89407-1390   | Purpose of Disbursement<br>CHURCHILL LINCOLN DAY DINNER  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | IN KIND: CHURCHILL LINCOLN DAY DINNER   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>  |  | <b>Transaction ID:</b> 60305.E238<br>Date of Disbursement<br>01 / 31 / 2006                         |  |
| Mailing Address PO Box 4001  |  | Amount of Each Disbursement this Period<br>961.06   |  |
| City Inglewood<br>State CA<br>Zip Code 90313-0001  | Purpose of Disbursement<br>TELEPHONE   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | TELEPHONE   |  |

|  |         |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1141.06 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID: 60305.E197</b><br>Date of Disbursement<br>01 / 03 / 2006 |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>258.57                           |
| City Henderson State NV Zip Code 89053-0787  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>REIMB. FOR ADVERTISEMENT  | Candidate Name   | REIMB. FOR ADVERTISEMENT  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mary Jane Harding</b>   |  | <b>Transaction ID: 60415.E258</b><br>Date of Disbursement<br>03 / 06 / 2006 |
| Mailing Address 836 Regalia Ct   |  | Amount of Each Disbursement this Period<br>117.00                           |
| City Gardnerville State NV Zip Code 89410-7872   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>SEE BELOW:  | Candidate Name   | SEE BELOW:  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. U.S. Post Office</b>  |  | <b>Transaction ID: 60615.E361</b><br>Date of Disbursement<br>03 / 06 / 2006 |
| Mailing Address 2000 Vassar St   |  | Amount of Each Disbursement this Period<br>117.00                           |
| City Reno State NV Zip Code 89510-9991   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |   |
| Purpose of Disbursement<br>REIMB. FOR STAMPS   | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: REIMB. FOR STAMPS                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 375.57 |
| <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)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mary Jane Harding</b>   |  | <b>Transaction ID:</b> 60305.E236<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6   |
| Mailing Address 836 Regalia Ct   |  | Amount of Each Disbursement this Period<br>164.67<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Gardnerville NV 89410-7872  | Purpose of Disbursement<br>SEE BELOW:  |  |
| Candidate Name   | Category/<br>Type  | SEE BELOW:   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Chase Card Services</b>   |  | <b>Transaction ID:</b> 60305.E206<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 6   |
| Mailing Address P.O. Box 9001950   |  | Amount of Each Disbursement this Period<br>565.30<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Louisville KY 40290-  | Purpose of Disbursement<br>CREDIT CARD: SEE BELOW:   |  |
| Candidate Name   | Category/<br>Type  | CREDIT CARD: SEE BELOW:  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Southwest Airlines</b>  |  | <b>Transaction ID:</b> 60615.E374<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 6   |
| Mailing Address PO Box 36647   |  | Amount of Each Disbursement this Period<br>262.60<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Dallas TX 75235-1647  | Purpose of Disbursement<br>AIRFARE   |  |
| Candidate Name   | Category/<br>Type  | <b>[MEMO ITEM]</b><br>MEMO: AIRFARE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 729.97 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>  |  | <b>Transaction ID:</b> 60305.E217<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address PO Box 4001  |  | Amount of Each Disbursement this Period<br>569.47  |
| City Inglewood State CA Zip Code 90313-0001  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement TELEPHONE<br>Candidate Name  | Category/Type  | TELEPHONE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>  |  | <b>Transaction ID:</b> 60415.E268<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 8 / 2 0 0 6 |
| Mailing Address PO Box 4001  |  | Amount of Each Disbursement this Period<br>60.90   |
| City Inglewood State CA Zip Code 90313-0001  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement TELEPHONE<br>Candidate Name  | Category/Type  | TELEPHONE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID:</b> 60305.E229<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>2200.00   |
| City Henderson State NV Zip Code 89053-0787  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement CAMPAIGN CONSULTING<br>Candidate Name  | Category/Type  | CAMPAIGN CONSULTING  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2830.37 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Jim Denton, Associates Inc</b>   |  | <b>Transaction ID:</b> 60415.E262<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6  |
| Mailing Address PO Box 530787   |  | Amount of Each Disbursement this Period<br>3500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Henderson State NV Zip Code 89053-0787   | Category/Type<br><input type="checkbox"/> CAMPAIGN CONSULTING  |   |
| Purpose of Disbursement<br>CAMPAIGN CONSULTING  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | CAMPAIGN CONSULTING   |
| Office Sought:<br><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Candidate Name   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Chase Card Services</b>  |  | <b>Transaction ID:</b> 60305.E209<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 6  |
| Mailing Address P.O. Box 9001950  |  | Amount of Each Disbursement this Period<br>16.63<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Louisville State KY Zip Code 40290-  | Category/Type<br><input type="checkbox"/> ADVERTISEMENT  |   |
| Purpose of Disbursement<br>ADVERTISEMENT  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | ADVERTISEMENT   |
| Office Sought:<br><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Candidate Name   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mark Benka</b>   |  | <b>Transaction ID:</b> 60412.C1059IK<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 8 / 2 0 0 6  |
| Mailing Address 615 Country Club Dr   |  | Amount of Each Disbursement this Period<br>300.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Incline Village State NV Zip Code 89451-8917   | Category/Type<br><input type="checkbox"/> IN KIND: HOST RECEPTION  |  |
| Purpose of Disbursement<br>HOST RECEPTION   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | IN KIND: HOST RECEPTION  |
| Office Sought:<br><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Candidate Name   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3816.63</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)  
Friends for Dawn Gibbons

|   |  |  |
|---|--|--|
| <b>A. Mr. Jim Denton, Associates Inc</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 530787<br>City Henderson State NV Zip Code 89053-0787<br>Purpose of Disbursement SEE BELOW:<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60305.E199</b><br>Date of Disbursement<br>01 / 03 / 2006<br>Amount of Each Disbursement this Period<br>2425.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>SEE BELOW: |
|---|--|--|

|   |  |  |
|---|--|--|
| <b>B. Bieber Communications</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3605 W MacArthur Blvd Ste 72<br>City Santa Ana State CA Zip Code 92704-<br>Purpose of Disbursement CONTRACT CARDS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60615.E375</b><br>Date of Disbursement<br>01 / 03 / 2006<br>Amount of Each Disbursement this Period<br>2425.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b><br>MEMO: CONTRACT CARDS |
|---|--|--|

|   |  |  |
|---|--|--|
| <b>C. Mr. Jim Denton, Associates Inc</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 530787<br>City Henderson State NV Zip Code 89053-0787<br>Purpose of Disbursement REIMB. FOR MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60305.E196</b><br>Date of Disbursement<br>01 / 03 / 2006<br>Amount of Each Disbursement this Period<br>69.06<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>REIMB. FOR MEALS |
|---|--|--|

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2494.06 |
| <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)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. A &amp; H Insurance</b>   |  | <b>Transaction ID:</b> 60415.E253<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6   |
| Mailing Address 3301 S Virginia St   |  | Amount of Each Disbursement this Period<br>533.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Reno State NV Zip Code 89502-4501   | Category/Type<br>WORKERS COMP INSURANCE  |  |
| Purpose of Disbursement<br>WORKERS COMP INSURANCE  |  | WORKERS COMP INSURANCE   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. WM Fundraising &amp; Event Planning, Inc.</b>                                       |  | <b>Transaction ID:</b> 60305.E204<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 6  |
| Mailing Address Attn: Will Milligan<br>1320 13 th Street, NW, #2   |  | Amount of Each Disbursement this Period<br>1058.96<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20005-   | Category/Type<br>FUNDRAISER  |   |
| Purpose of Disbursement<br>FUNDRAISER  |  | FUNDRAISER  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID:</b> 60415.E246<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6  |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>1122.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Henderson State NV Zip Code 89053-0787  | Category/Type<br>SEE BELOW:  |   |
| Purpose of Disbursement<br>SEE BELOW:  |  | SEE BELOW:  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2713.96 |
| <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)  
Friends for Dawn Gibbons

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Young Electric Sign Company</b>   |  | <b>Transaction ID:</b> 60615.E363<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6   |
| Mailing Address PO Box 11676   |  | Amount of Each Disbursement this Period<br>1122.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tacoma State WA Zip Code 98411-6676   | Purpose of Disbursement<br>BUMPER STICKERS AND SIGNS<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: BUMPER STICKERS AND SIGNS   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Camrac.com</b>  |  | <b>Transaction ID:</b> 60305.E227<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 3 / 2 0 0 6   |
| Mailing Address 1775 Kuenzli St  |  | Amount of Each Disbursement this Period<br>4801.66<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Reno State NV Zip Code 89502-1117   | Purpose of Disbursement<br>2000 DVDS<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2000 DVDS   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID:</b> 60305.E230<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 3 / 2 0 0 6  |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>705.79<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Henderson State NV Zip Code 89053-0787  | Purpose of Disbursement<br>SEE BELOW:<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SEE BELOW:   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>5507.45</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)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Southwest Airlines</b>  |  | <b>Transaction ID:</b> 60615.E372<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 3 / 2 0 0 6   |
| Mailing Address PO Box 36647   |  | Amount of Each Disbursement this Period<br>559.60<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75235-1647   | Category/Type  |  |
| Purpose of Disbursement<br>REIMB. FOR AIRFARE  | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: REIMB. FOR AIRFARE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sue Chapman</b>   |  | <b>Transaction ID:</b> 60305.C8321K<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 4 / 2 0 0 6   |
| Mailing Address 1 Hog Tommy Drive  |  | Amount of Each Disbursement this Period<br>160.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Lamoille State NV Zip Code 89828-   | Category/Type  |  |
| Purpose of Disbursement<br>2 NIGHTS IN HOTEL   | Candidate Name   | IN KIND: 2 NIGHTS IN HOTEL   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. U.S. Post Office</b>  |  | <b>Transaction ID:</b> 60615.E369<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 6   |
| Mailing Address 2000 Vassar St   |  | Amount of Each Disbursement this Period<br>120.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Reno State NV Zip Code 89510-9991   | Category/Type  |  |
| Purpose of Disbursement<br>REIMB. FOR POSTAGE  | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: REIMB. FOR POSTAGE   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 160.00      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |   |
|--|--|---|
| <b>A. Leslie Durant</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 950 Ryland St<br>City Reno State NV Zip Code 89502-1605<br>Purpose of Disbursement GRAND OPENING SUPPLIES & CAKE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60305.C8481K</b><br>Date of Disbursement<br>02 / 06 / 2006<br>Amount of Each Disbursement this Period<br>200.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>IN KIND: GRAND OPENING SUPPLIES & CAKE |
|--|--|---|

|   |  |  |
|---|--|--|
| <b>B. A &amp; H Insurance</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 3301 S Virginia St<br>City Reno State NV Zip Code 89502-4501<br>Purpose of Disbursement LIABILITY INSURANCE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60415.E252</b><br>Date of Disbursement<br>03 / 06 / 2006<br>Amount of Each Disbursement this Period<br>761.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>LIABILITY INSURANCE |
|---|--|--|

|   |  |  |
|---|--|--|
| <b>C. Mark Feest</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address PO Box 1390<br>City Fallon State NV Zip Code 89407-1390<br>Purpose of Disbursement CHURCHILL CO. DINNER TICKET<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60305.C8311K</b><br>Date of Disbursement<br>01 / 24 / 2006<br>Amount of Each Disbursement this Period<br>80.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>IN KIND: CHURCHILL CO. DINNER TICKET |
|---|--|--|

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1041.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mario Ramirez</b>   |  | <b>Transaction ID:</b> 60305.C8331K<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 4255 Meadowgate Trl  |  | Amount of Each Disbursement this Period<br>385.00  |
| City Reno State NV Zip Code 89509-7930   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>FUND RAISER AT HIS HOUSE  |  | IN KIND: FUND RAISER AT HIS HOUSE  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>  |  | <b>Transaction ID:</b> 60305.E202<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 4001  |  | Amount of Each Disbursement this Period<br>384.85  |
| City Inglewood State CA Zip Code 90313-0001  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>TELEPHONE   |  | TELEPHONE  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Leslie Durant</b>   |  | <b>Transaction ID:</b> 60305.C8341K<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 4 / 2 0 0 6 |
| Mailing Address 950 Ryland St  |  | Amount of Each Disbursement this Period<br>455.00  |
| City Reno State NV Zip Code 89502-1605   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>FOOD FOR FUNDRAISER   |  | IN KIND: FOOD FOR FUNDRAISER   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1224.85 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 75

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Senior Spectrum</b>   |  | <b>Transaction ID:</b> 60415.E254<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 2 1 / 2 0 0 6   |
| Mailing Address PO Box 40095   |  | Amount of Each Disbursement this Period<br>425.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Reno State NV Zip Code 89504-4095   | Category/Type  |  |
| Purpose of Disbursement<br>MEETING EXPENSE   | Candidate Name   | MEETING EXPENSE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Chase Card Services</b>   |  | <b>Transaction ID:</b> 60305.E220<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6  |
| Mailing Address P.O. Box 9001950   |  | Amount of Each Disbursement this Period<br>-318.60<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Louisville State KY Zip Code 40290-   | Category/Type  |   |
| Purpose of Disbursement<br>TRAVEL - REFUND ON PRIOR TRAVEL   | Candidate Name   | TRAVEL - REFUND ON PRIOR TRAVEL   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Byron Waite</b>   |  | <b>Transaction ID:</b> 60305.C830IK<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 2 4 / 2 0 0 6   |
| Mailing Address 1759 Ironwood Dr   |  | Amount of Each Disbursement this Period<br>100.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Minden State NV Zip Code 89423-4703   | Category/Type  |  |
| Purpose of Disbursement<br>DOUGLAS CO. REP. DINNER 2 TIC.  | Candidate Name   | IN KIND: DOUGLAS CO. REP. DINNER 2 TIC.  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 206.40      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mary Jane Harding</b>   |  | <b>Transaction ID: 60305.E237</b><br>Date of Disbursement<br>01 / 31 / 2006                         |  |
| Mailing Address 836 Regalia Ct   |  | Amount of Each Disbursement this Period<br>160.00   |  |
| City Gardnerville<br>State NV<br>Zip Code 89410-7872   | Purpose of Disbursement<br>SEE BELOW:  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SEE BELOW:  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mark Feest</b>  |  | <b>Transaction ID: 60318.C923IK</b><br>Date of Disbursement<br>02 / 23 / 2006                       |  |
| Mailing Address PO Box 1390  |  | Amount of Each Disbursement this Period<br>50.00  |  |
| City Fallon<br>State NV<br>Zip Code 89407-1390   | Purpose of Disbursement<br>CO-HOST MEET & GREET  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | IN KIND: CO-HOST MEET & GREET   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Chase Card Services</b>   |  | <b>Transaction ID: 60615.E353</b><br>Date of Disbursement<br>03 / 18 / 2006                         |  |
| Mailing Address P.O. Box 9001950   |  | Amount of Each Disbursement this Period<br>1816.20  |  |
| City Louisville<br>State KY<br>Zip Code 40290-   | Purpose of Disbursement<br>CREDIT CARD: SEE BELOW:   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CREDIT CARD: SEE BELOW:   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2026.20 |
| <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)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. America West Airlines</b>   |  | Transaction ID: 60615.E355<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 8 / 2 0 0 6   |
| Mailing Address 4000 E Sky Harbor Blvd   |  | Amount of Each Disbursement this Period<br>419.20<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Phoenix State AZ Zip Code 85034-3802  | Purpose of Disbursement TRAVEL/AIRFARE<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: TRAVEL/AIRFARE   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Chevron Oil Company</b>   |  | Transaction ID: 60615.E354<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 8 / 2 0 0 6   |
| Mailing Address 7695 S Virginia St   |  | Amount of Each Disbursement this Period<br>162.09<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Reno State NV Zip Code 89511-   | Purpose of Disbursement AUTO EXPENSE/GAS<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: AUTO EXPENSE/GAS   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Sendoutcards</b>  |  | Transaction ID: 60615.E357<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 8 / 2 0 0 6   |
| Mailing Address 346 E 3300 S   |  | Amount of Each Disbursement this Period<br>584.39<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Salt Lake City State UT Zip Code 84115-4111   | Purpose of Disbursement CARDS TO CONSTITUENTS<br>Candidate Name<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: CARDS TO CONSTITUENTS  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]  |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Southwest Airlines</b>  |  | <b>Transaction ID:</b> 60615.E356<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 8 / 2 0 0 6   |
| Mailing Address PO Box 36647   |  | Amount of Each Disbursement this Period<br>507.79<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Dallas State TX Zip Code 75235-1647   | Purpose of Disbursement<br>AIRFARE<br>Candidate Name<br>Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: AIRFARE  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Byron Waite</b>   |  | <b>Transaction ID:</b> 60412.C1019IK<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 1 2 / 2 0 0 6                                       |
| Mailing Address 1759 Ironwood Dr   |  | Amount of Each Disbursement this Period<br>80.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Minden State NV Zip Code 89423-4703   | Purpose of Disbursement<br>DOUGLAS CO. LINCOLN DAY DINNER<br>Candidate Name<br>Category/Type                                   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | IN KIND: DOUGLAS CO. LINCOLN DAY DINNER   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. U.S. Bank</b>   |  | <b>Transaction ID:</b> 60305.E191<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6  |
| Mailing Address 5190 Neil Rd   |  | Amount of Each Disbursement this Period<br>12.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Reno State NV Zip Code 89502-6599   | Purpose of Disbursement<br>BANK CHARGES<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | BANK CHARGES  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 92.50 |
| <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)  
Friends for Dawn Gibbons

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID: 60305.E198</b><br>Date of Disbursement<br>01 / 03 / 2006                         |  |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>43.99  |  |
| City Henderson<br>State NV<br>Zip Code 89053-0787  | Purpose of Disbursement<br>REIMB. FOR OFFICE SUPPLIES  | <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<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMB. FOR OFFICE SUPPLIES  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID: 60305.E239</b><br>Date of Disbursement<br>02 / 25 / 2006                         |  |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>10400.00   |  |
| City Henderson<br>State NV<br>Zip Code 89053-0787  | Purpose of Disbursement<br>SEE BELOW:  | <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<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SEE BELOW:  |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Public Opinion Strategies</b>   |  | <b>Transaction ID: 60615.E365</b><br>Date of Disbursement<br>02 / 25 / 2006                         |  |
| Mailing Address 277 S. Washington Street Suite 320   |  | Amount of Each Disbursement this Period<br>10400.00   |  |
| City Alexandria<br>State VA<br>Zip Code 22314-   | Purpose of Disbursement<br>VOTER RESEARCH  | <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<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: VOTER RESEARCH  |  |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>10443.99</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)

PAGE 70 / 75

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <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)  
Friends for Dawn Gibbons

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Jim Denton, Associates Inc</b>   |  | <b>Transaction ID:</b> 60415.E263<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6   |
| Mailing Address PO Box 530787   |  | Amount of Each Disbursement this Period<br>2200.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Henderson State NV Zip Code 89053-0787   | Category/Type<br><input type="checkbox"/> CAMPAIGN CONSULTING  |   |
| Purpose of Disbursement<br>CAMPAIGN CONSULTING  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | CAMPAIGN CONSULTING   |
| Office Sought:<br><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Candidate Name   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Spec TIR Corporation</b>   |  | <b>Transaction ID:</b> 60305.E225<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 3 / 2 0 0 6  |
| Mailing Address 1320 Freeport Blvd Ste 106  |  | Amount of Each Disbursement this Period<br>650.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Sparks State NV Zip Code 89431-5941  | Category/Type<br><input type="checkbox"/> OFFICE RENT  |  |
| Purpose of Disbursement<br>OFFICE RENT  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | OFFICE RENT  |
| Office Sought:<br><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Candidate Name   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mary Jane Harding</b>  |  | <b>Transaction ID:</b> 60415.E266<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6  |
| Mailing Address 836 Regalia Ct  |  | Amount of Each Disbursement this Period<br>120.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Gardnerville State NV Zip Code 89410-7872  | Category/Type<br><input type="checkbox"/> REIMB. FOR MARKETING - MU-<br>STANG QUAR   |  |
| Purpose of Disbursement<br>REIMB. FOR MARKETING - MUSTANG QUAR  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | REIMB. FOR MARKETING - MU-<br>STANG QUAR   |
| Office Sought:<br><input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Candidate Name   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2970.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mary Jane Harding</b>   |  | <b>Transaction ID:</b> 60415.E256<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6  |
| Mailing Address 836 Regalia Ct   |  | Amount of Each Disbursement this Period<br>93.91<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Gardnerville NV 89410-7872  | Category/<br>Type  |   |
| Purpose of Disbursement<br>SEE BELOW:  |  | SEE BELOW:  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Quill Internet Service</b>  |  | <b>Transaction ID:</b> 60615.E360<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6  |
| Mailing Address Quill.Com  |  | Amount of Each Disbursement this Period<br>93.91<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Ontario CA 91764-   | Category/<br>Type  |   |
| Purpose of Disbursement<br>REIMB. FOR OFFICE SUPPLIES  |  | <b>[MEMO ITEM]</b><br>MEMO: REIMB. FOR OFFICE SUPPLIES  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID:</b> 60305.E195<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 6   |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>294.25<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City State Zip Code<br>Henderson NV 89053-0787   | Category/<br>Type  |  |
| Purpose of Disbursement<br>REIMB. FOR TRAVEL   |  | REIMB. FOR TRAVEL  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 388.16 |
| <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)  
Friends for Dawn Gibbons

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Jim Denton, Associates Inc</b> |  | <b>Transaction ID: 60305.E192</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 6 |
| Mailing Address PO Box 530787   |  | Amount of Each Disbursement this Period<br>3500.00  |
| City Henderson State NV Zip Code 89053-0787   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>CAMPAIGN CONSULTING                                      | Category/<br>Type  | CAMPAIGN CONSULTING   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Jim Denton, Associates Inc</b> |  | <b>Transaction ID: 60415.E265</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 530787   |  | Amount of Each Disbursement this Period<br>1000.00  |
| City Henderson State NV Zip Code 89053-0787   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>REIMB. FOR VOTER RESEARCH                                | Category/<br>Type  | REIMB. FOR VOTER RESEARCH   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. WM Fundraising &amp; Event Planning, Inc.</b> |  | <b>Transaction ID: 60305.E205</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 6 |
| Mailing Address Attn: Will Milligan<br>1320 13 th Street, NW, #2                               |  | Amount of Each Disbursement this Period<br>600.00   |
| City Washington State DC Zip Code 20005-   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>FUNDRAISER  | Category/<br>Type  | FUNDRAISER  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State: District:   |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Janet Normington  |  | <b>Transaction ID:</b> 60412.C1067IK<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 2 8 / 2 0 0 6  |
| Mailing Address 1611 Quail Bar Ct  |  | Amount of Each Disbursement this Period<br>130.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Reno State NV Zip Code 89521-5127   | Category/Type  |  |
| Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name  |  | IN KIND: OFFICE SUPPLIES   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mr. Jim Denton, Associates Inc  |  | <b>Transaction ID:</b> 60305.E228<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 3 / 2 0 0 6   |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>183.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Henderson State NV Zip Code 89053-0787  | Category/Type  |  |
| Purpose of Disbursement REIMB. FOR OFFICE SUPPLIES<br>Candidate Name   |  | REIMB. FOR OFFICE SUPPLIES   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Kafoury, Armstrong & Co.  |  | <b>Transaction ID:</b> 60616.E377<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6  |
| Mailing Address 6140 Plumas St   |  | Amount of Each Disbursement this Period<br>3135.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Reno State NV Zip Code 89509-6060   | Category/Type  |   |
| Purpose of Disbursement ACCOUNTING FEES<br>Candidate Name  |  | ACCOUNTING FEES   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3448.50 |
| <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)  
Friends for Dawn Gibbons

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Jim Denton, Associates Inc</b>  |  | <b>Transaction ID:</b> 60305.E231<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 3 / 2 0 0 6   |
| Mailing Address PO Box 530787  |  | Amount of Each Disbursement this Period<br>2230.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Henderson State NV Zip Code 89053-0787  | Purpose of Disbursement SEE BELOW:<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SEE BELOW:  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bieber Communications</b>   |  | <b>Transaction ID:</b> 60616.E376<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 3 / 2 0 0 6   |
| Mailing Address 3605 W MacArthur Blvd Ste 72   |  | Amount of Each Disbursement this Period<br>2230.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Santa Ana State CA Zip Code 92704-  | Purpose of Disbursement LETTERHEAD & ENVELOPS<br>Candidate Name<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b><br>MEMO: LETTERHEAD & ENVELOPS   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mary Jane Harding</b>   |  | <b>Transaction ID:</b> 60415.E259<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6   |
| Mailing Address 836 Regalia Ct   |  | Amount of Each Disbursement this Period<br>39.72<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Gardnerville State NV Zip Code 89410-7872   | Purpose of Disbursement SEE BELOW:<br>Candidate Name<br>Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SEE BELOW:  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2269.72 |
| <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)  
Friends for Dawn Gibbons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. U.S. Post Office</b>  |  | <b>Transaction ID:</b> 60615.E359<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6 |
| Mailing Address 2000 Vassar St   |  | Amount of Each Disbursement this Period<br>39.72   |
| City Reno State NV Zip Code 89510-9991   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>REIMB. FOR STAMPS   | Candidate Name   | <b>[MEMO ITEM]</b><br>MEMO: REIMB. FOR STAMPS  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mary Jane Harding</b>   |  | <b>Transaction ID:</b> 60305.E219<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 836 Regalia Ct   |  | Amount of Each Disbursement this Period<br>220.00  |
| City Gardnerville State NV Zip Code 89410-7872   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>REIMB. FOR MEALS  | Candidate Name   | REIMB. FOR MEALS   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. U.S. Bank</b>   |  | <b>Transaction ID:</b> 60415.E250<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |
| Mailing Address 5190 Neil Rd   |  | Amount of Each Disbursement this Period<br>5.00  |
| City Reno State NV Zip Code 89502-6599   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |  |
| Purpose of Disbursement<br>BANK SERVICE CHARGE   | Candidate Name   | BANK SERVICE CHARGE  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 225.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 82972.99 |