

# 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  
JOHN SULLIVAN FOR CONGRESS, INC

ADDRESS (number and street) Post Office Box 470840  
 Check if different than previously reported. (ACC)  
Tulsa, OK 74147

2. **FEC IDENTIFICATION NUMBER** C00366773  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
OK 01

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

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

5. Covering Period 07 06 2006 through 09 30 2006

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

Signature of Treasurer Electronically Filed by Steven D. Ralls Date 04 13 2007

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

JOHN SULLIVAN FOR CONGRESS, INC

Report Covering the Period:

From: 

M	M
0	7

D	D
0	6

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	178919.00	724432.37
(b) Total Contribution Refunds (from Line 20(d)).....	5100.00	5700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	173819.00	718732.37
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	131996.60	357769.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	750.00	14956.25
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	131246.60	342813.35
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	374191.43	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	12277.64	

**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  
JOHN SULLIVAN FOR CONGRESS, INC

Report Covering the Period: From: 

M	M
0	7

D	D
0	6

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

66200.00

274630.00

(ii) Unitemized.....

8023.00

17293.00

(iii) TOTAL of contributions

74223.00

291923.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

104696.00

432509.37

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

178919.00

724432.37

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

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

0.00

0.00

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

750.00

14956.25

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

0.00

0.00

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

179669.00

739388.62

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	131996.60	357769.60
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	2600.00	2700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5100.00	5700.00
21. OTHER DISBURSEMENTS.....	51000.00	77740.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	188096.60	441209.60

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	382619.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	179669.00
25. SUBTOTAL (add Line 23 and Line 24).....	562288.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	188096.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	374191.43

**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 / 105
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 1932 Wynnton Road

City State Zip Code  
Columbus GA 31999-0001

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2006

Transaction ID: 60814.C6826

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)  
American Academy of Ophthalmology PAC

Mailing Address 1101 Vermont Ave NW Suite 700

City State Zip Code  
Washington DC 20005-3519

FEC ID number of contributing federal political committee. **C** C00196246

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2006

Transaction ID: 60814.C6849

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)  
American Bankers Association (ABA PAC)

Mailing Address 1120 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-3905

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 60927.C6957

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) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 105
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
American College Of Cardiology PAC

Mailing Address 9111 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814-1616

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2006

**Transaction ID:** 60814.C6847

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
American College Radiology Association

Mailing Address 1891 Preston White Drive

City State Zip Code  
Reston VA 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

**Transaction ID:** 60911.C6894

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)  
American College Radiology Association

Mailing Address 1891 Preston White Drive

City State Zip Code  
Reston VA 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** 61006.C6981

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) .....	▶	4500.00
<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 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. American Medical Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2006
Mailing Address 1101 Vermont Ave NW		Transaction ID: 60720.C6627
City Washington	State DC	Zip Code 20005-3519
FEC ID number of contributing federal political committee. <b>C</b> C00000422		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. American Society Of Anesthesiologists</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 10 / 2006
Mailing Address 520 N. Northwest Highway		Transaction ID: 60814.C6848
City Park Ridge	State IL	Zip Code 60068-2573
FEC ID number of contributing federal political committee. <b>C</b> C00255752		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C. Amgen PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2006
Mailing Address One Amgen Center Drive		Transaction ID: 60714.C6620
City Newbury Park	State CA	Zip Code 91320
FEC ID number of contributing federal political committee. <b>C</b> C00251876		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 105
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Anadarko Petroleum Corp.</b>		Date of Receipt MM / DD / YYYY 09 / 27 / 2006
Mailing Address PO Box 1330 Suite 700		<b>Transaction ID:</b> 60927.C6961
City Baytown	State TX	Zip Code 77522-1330
FEC ID number of contributing federal political committee. <b>C</b> C00231951		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Automotive Free International Trade PAC</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2006
Mailing Address 1625 Prince St Suite 225		<b>Transaction ID:</b> 60814.C6640
City Alexandria	State VA	Zip Code 22314-2882
FEC ID number of contributing federal political committee. <b>C</b> C00250399		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. The Blue Cross and Blue Shield PAC</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2006
Mailing Address 1310 G STREET NW		<b>Transaction ID:</b> 60714.C6619
City Washington	State DC	Zip Code 20005-3000
FEC ID number of contributing federal political committee. <b>C</b> C00194746		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 9 / 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
BellSouth FED-PAC

Mailing Address 1133 21st NW  
Suite 900

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. C C00174060

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** 60714.C6616

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 1201 15th St NW

City State Zip Code  
Washington DC 20005-2842

FEC ID number of contributing federal political committee. C C00000901

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 25 / 2006

**Transaction ID:** 60814.C6827

Amount of Each Receipt this Period  
5000.00

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

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

Mailing Address 1201 15th St NW

City State Zip Code  
Washington DC 20005-2842

FEC ID number of contributing federal political committee. C C00000901

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 25 / 2006

**Transaction ID:** 60814.C6828

Amount of Each Receipt this Period  
2500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 105
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 1201 15th St NW

City Washington State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2006

**Transaction ID:** 60927.C6958

Amount of Each Receipt this Period  
 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Cingular Wireless Employee PAC

Mailing Address 5565 Glenridge Connector Suite 1700

City Atlanta State GA Zip Code 30342

FEC ID number of contributing federal political committee. **C** C00368811

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 30 / 2006

**Transaction ID:** 60911.C6891

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)  
Clear Channel Communications Inc. PAC

Mailing Address 200 E. Basse Road

City San Antonio State TX Zip Code 78209-8328

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 07 / 2006

**Transaction ID:** 60814.C6829

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) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Constellation Energy Federal PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Avenue NW  
Suite 908 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00041376

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

**Transaction ID:** 61006.C6984

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.** DTAG PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 3050 K St NW  
Suite 400

City Washington State DC Zip Code 20007-5117

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 7 / 2 0 0 6

**Transaction ID:** 60927.C6949

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.** Dealers Election Action Committee

Full Name (Last, First, Middle Initial)  
Mailing Address 8400 Westpark Dr

City Mc Lean State VA Zip Code 22102-5116

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 6

**Transaction ID:** 60920.C6930

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **8000.00**

**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 / 105
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Dean Foods Co. Pac

Mailing Address 2515 McKinney Avenue Suite 1200

City State Zip Code  
Dallas TX 75201

FEC ID number of contributing federal political committee. **C** C00340083

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

**Transaction ID:** 60920.C6931

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)  
Dickstein Shapiro LLP PAC

Mailing Address 1825 Eye Street NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00110197

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

**Transaction ID:** 60927.C6965

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)  
Directv PAC

Mailing Address 444 North Capitol Street NW Suite 728

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00331991

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

**Transaction ID:** 60927.C6959

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) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 105
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Electric Power Supply Association</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 1401 New York Avenue NW 11th Floor		<b>Transaction ID:</b> 60920.C6933
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00326009		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Farm Credit Bureau</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 50 F St NW Suite 900		<b>Transaction ID:</b> 60911.C6892
City State Zip Code Washington DC 20001-1530	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00193631		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Federal Express PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address P.O. Box 529		<b>Transaction ID:</b> 60814.C6641
City State Zip Code Washington DC 20044-0529	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00068692		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 105
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A.</b> Federal Home Loan Bank Of Topeka PAC Mailing Address P.O. Box 176 City State Zip Code Topeka KS 66603 FEC ID number of contributing federal political committee. <b>C</b> C00410720 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006 <b>Transaction ID:</b> 60911.C6893 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
--	--	--

Full Name (Last, First, Middle Initial) <b>B.</b> Foley & Lardner Political Fund Inc. Mailing Address 3000 K Street NW Suite 500 City State Zip Code Washington DC 20007 FEC ID number of contributing federal political committee. <b>C</b> C00105338 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 <b>Transaction ID:</b> 61006.C6977 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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Full Name (Last, First, Middle Initial) <b>C.</b> GlaxoSmithKline PAC Mailing Address Five Moore Drive Research Triangle Park City State Zip Code Durham NC 27709 FEC ID number of contributing federal political committee. <b>C</b> C00199703 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 <b>Transaction ID:</b> 60927.C6968 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
--	--	---

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 105
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Hardwood Federation PAC

Mailing Address P.O. Box 34518

City State Zip Code  
Memphis TN 38184-0518

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

**Transaction ID:** 60920.C6932

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)  
IPAA Wildcatter Pac Fund

Mailing Address 1201 15th Street NW Suite 300

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

**Transaction ID:** 60927.C6962

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)  
International Association of Firefighter

Mailing Address 1750 New York Ave NW

City State Zip Code  
Washington DC 20006-5301

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** 61006.C6980

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 16 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Johnson & Johnson Employees Good Govt

Mailing Address 1 Johnson and Johnson Plz

City State Zip Code  
New Brunswick NJ 08933-0001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: 60717.C6622

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)  
Kerr-McGee Corporation PAC

Mailing Address PO Box 25861

City State Zip Code  
Oklahoma City OK 73125-0861

FEC ID number of contributing federal political committee. **C** C00034041

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

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

Transaction ID: 60911.C6880

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)  
Kochpac

Mailing Address 655 15th St NW Suite 445

City State Zip Code  
Washington DC 20005-5701

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 60927.C6967

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 12950 Worldgate Drive Suite 500

City Herndon State VA Zip Code 20170

FEC ID number of contributing federal political committee. **C** C00246678

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

**Transaction ID:** 60927.C6960

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)  
Microsoft Corporation Pac

Mailing Address 16011 NE 36th Way  
Box 97017

City Redmond State WA Zip Code 98073-9717

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** 61006.C6985

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)  
NEMPAC

Mailing Address P.O. Box 619911

City Dallas State TX Zip Code 75261-9911

FEC ID number of contributing federal political committee. **C** C00331173

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

**Transaction ID:** 60814.C6649

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
National Court Reporters Assoc. PAC

Mailing Address 8224 Old Courthouse Road

City State Zip Code  
Vienna VA 22182-3808

FEC ID number of contributing federal political committee. **C** C00146506

Name of Employer Occupation

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  
09 / 28 / 2006

**Transaction ID:** 61006.C6975

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)  
National Republican Congressional Commit

Mailing Address 320 1st St SE

City State Zip Code  
Washington DC 20003-1838

FEC ID number of contributing federal political committee. **C** C00002931

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1286.37

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

**Transaction ID:** 60815.C6874

Amount of Each Receipt this Period  
98.00

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

Blast Fax

**C.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Commit

Mailing Address 320 1st St SE

City State Zip Code  
Washington DC 20003-1838

FEC ID number of contributing federal political committee. **C** C00002931

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1384.37

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2006

**Transaction ID:** 60911.C6914

Amount of Each Receipt this Period  
98.00

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

Blast Fax

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **696.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
News America -Fox PAC

Mailing Address 444 Capital Street Suite 740

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00330019

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2006

**Transaction ID:** 60927.C6971

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)  
Occidental Petroleum Corp Pac

Mailing Address 10889 Wilshire Blvd

City Los Angeles State CA Zip Code 90024-4200

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2006

**Transaction ID:** 60927.C6974

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)  
Oklahoma ACRE Committee

Mailing Address Larry Watkins  
2325 E. I-44 Service Rd.

City Oklahoma City State OK Zip Code 73154-1309

FEC ID number of contributing federal political committee. **C** C00133561

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2006

**Transaction ID:** 60927.C6950

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) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

<b>A.</b> Full Name (Last, First, Middle Initial) PFIZER PAC Mailing Address 325 Seventh Street NW Suite 1200 City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b> C00016683 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2125.00		Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2006 <b>Transaction ID:</b> 60814.C6830 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>B.</b> Full Name (Last, First, Middle Initial) PenneyPAC Mailing Address 6501 Legacy Drive City Plano State TX Zip Code 75024-1119 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006 <b>Transaction ID:</b> 61006.C6979 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>C.</b> Full Name (Last, First, Middle Initial) RJR PAC Mailing Address 1201 F St NW Suite 1000 City Washington State DC Zip Code 20004-1217 FEC ID number of contributing federal political committee. <b>C</b> C00042002 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006 <b>Transaction ID:</b> 60927.C6951 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<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 21 / 105
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 430 N Michigan Ave

City State Zip Code  
Chicago IL 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: 60717.C6623

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Serving Americas Citizens PAC

Mailing Address 511 Bashford Lane #5

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00416289

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2006

Transaction ID: 61006.C6986

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)  
Society of Independent Gasoline

Mailing Address Marketers of America PAC  
11495 Sunset Hills Road, Suite 215

City State Zip Code  
Reston VA 20190

FEC ID number of contributing federal political committee. **C** C00120030

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2006

Transaction ID: 60720.C6630

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) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Society of Thoracic Surgeons PAC

Mailing Address 1025 Conneticut Ave. NW  
Suite 1104

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2006

**Transaction ID:** 60719.C6625

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
South Texas Sugar Cane Producers

Mailing Address Subcommittee RGVSG, Inc. PAC  
P.O. Box Drawer A

City State Zip Code  
Santa Rosa TX 78593

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2006

**Transaction ID:** 60920.C6934

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)  
SunPac

Mailing Address 1735 Market Street

City State Zip Code  
Philadelphia PA 19103-1699

FEC ID number of contributing federal political committee. **C** C00025346

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** 61006.C6987

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) ..... ► **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 105
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Symantec Corp. PAC

Mailing Address 20330 Stevens Creek Blvd.

City State Zip Code  
Cupertino CA 95014

FEC ID number of contributing federal political committee. **C** C00394031

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

**Transaction ID:** 60927.C6952

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)  
United Parcel Service Inc. PAC

Mailing Address 55 Glenlake Pkwy NE

City State Zip Code  
Atlanta GA 30328-3474

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

**Transaction ID:** 60814.C6642

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)  
UST Exec Admin & Managers PAC

Mailing Address 100 West Putnam Ave.

City State Zip Code  
Greenwich CT 06830

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 60815.C6879

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: (check only one)	PAGE 24 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
UST Exec Admin & Managers PAC

Mailing Address 100 West Putnam Ave.

City State Zip Code  
Greenwich CT 06830

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

**Transaction ID:** 60927.C6972

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)  
VEN-PAC

Mailing Address PO Box 70002

City State Zip Code  
Washington DC 20024-0002

FEC ID number of contributing federal political committee. **C** C00369660

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

**Transaction ID:** 60927.C6973

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)  
Valero Political Action Committee

Mailing Address 601 Pennsylvania NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00109546

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2006

**Transaction ID:** 60714.C6617

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Valero Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 601 Pennsylvania NW		Transaction ID: 61006.C6982
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00109546	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8500.00	

Full Name (Last, First, Middle Initial) <b>B. Verizon Communications, Inc.</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address Good Government Club 1300 I Street NW		Transaction ID: 60714.C6618
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00186288	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. The Williams Companies PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address 1627 I Street NW Suite 900		Transaction ID: 61006.C6976
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00040394	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	104696.00

# 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 26 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 12613 E 133rd Place

City Broken Arrow State OK Zip Code 74011

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

Name of Employer self  
Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
08 / 14 / 2006

Transaction ID: 60814.C6851

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)  
William Bailey

Mailing Address 6008 E. 106th Street

City Tulsa State OK Zip Code 74137

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

Name of Employer self  
Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
08 / 14 / 2006

Transaction ID: 60814.C6852

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)  
George Baker

Mailing Address 5012 Scarsdale Rd

City Bethesda State MD Zip Code 20816-2438

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

Name of Employer Williams & Jensen  
Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt  
09 / 27 / 2006

Transaction ID: 60927.C6954

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) .....	▶	1000.00
<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 27 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 8817 E. 109th Place

City State Zip Code  
Tulsa OK 74133

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

Name of Employer self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

**Transaction ID:** 60814.C6853

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)  
Howard Barnett, , JR

Mailing Address 7134 S. Yale, Ste. 125

City State Zip Code  
Tulsa OK 74136

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

Name of Employer TSF Capital Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

**Transaction ID:** 60911.C6881

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)  
James Bender

Mailing Address 1810 E. 32nd Place

City State Zip Code  
Tulsa OK 74105

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

Name of Employer Williams Companies Occupation Executive Officer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

**Transaction ID:** 60927.C6936

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) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address RR 2 Box 199

City State Zip Code  
Sperry OK 74073

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

Name of Employer Occupation  
Calumet Development Owner

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

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 60911.C6900

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)  
Blackbird Anesthesia P.L.L.C.

Mailing Address 2012 W. Vail Street

City State Zip Code  
Broken Arrow OK 74012-0236

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

Name of Employer Occupation  
Occupation Partner

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6873

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)  
Danny Resser

Mailing Address 2012 W. Vail Street

City State Zip Code  
Broken Arrow OK 74012

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

Name of Employer Occupation  
Blackbird Anesthesia PLCC Partner

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60911.C6913

Amount of Each Receipt this Period  
250.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership->Blackbird Anesthesia P.L.L.C.

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 4101 N Classen Blvd  
Suite B

City Oklahoma City State OK Zip Code 73118-2413

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

200.00

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

Transaction ID: 60911.C6901

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 818 Connecticut Avenue NW  
Suite 1100

City Washington State DC Zip Code 20006

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

Name of Employer Information Requested Occupation Information Requested

The National Group LLP Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 2 4 / 2 0 0 6

Transaction ID: 60814.C6643

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 Bode

Mailing Address 431 NW 17th Street

City Oklahoma City State OK Zip Code 73103

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

Name of Employer Information Requested Occupation Information Requested

Olsson, Frank and Weeda Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 7 / 2 0 0 6

Transaction ID: 60927.C6955

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) ..... ► **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 30 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 4115 Leland Street

City State Zip Code  
Chevy Chase MD 20815-5033

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

Name of Employer Occupation  
Sundquist Anthony LLC Partner

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 60927.C6963

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)  
Ronnie Boswell

Mailing Address PO Box 400

City State Zip Code  
Okay OK 74446-0400

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

Name of Employer Occupation  
self Auto Dealer

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2006

Transaction ID: 60920.C6918

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)  
Sharna Bovasso

Mailing Address 2530 E 22nd St

City State Zip Code  
Tulsa OK 74114-3121

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

Name of Employer Occupation  
self Physician

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6854

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) .....	▶	2000.00
<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 31 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 1617 E 30th PI

City State Zip Code  
Tulsa OK 74114-5307

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

Name of Employer Occupation  
Wiemann Ironworks Business 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 Y  
07 / 21 / 2006

Transaction ID: 60814.C6672

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)  
Balynda Karel Brewster

Mailing Address 19 D Stree SE Apt. 1

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation requested  
Occupation requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2006

Transaction ID: 60814.C6831

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)  
Quapaw Tribe Business Committee

Mailing Address P.O. Box 765

City State Zip Code  
Quapaw OK 74363

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2006

Transaction ID: 60911.C6899

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) ..... ► **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 32 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Miami Tribe Of OK Business Dev Autho

Mailing Address 66201 East 290 Road

City State Zip Code  
Grove OK 74344

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2006

Transaction ID: 60911.C6898

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Donald Chappel

Mailing Address 305 E. 19th Street

City State Zip Code  
Tulsa OK 74120

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

Name of Employer Information Requested Occupation Information Requested  
Williams Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 60927.C6938

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)  
Athol Doyle Cloud ., JR

Mailing Address 51 Louisiana Avenue NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Information Requested Occupation Information Requested  
Sundquist Anthony LLC Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 60927.C6964

Amount of Each Receipt this Period  
500.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 2800 Kingston Court

City State Zip Code  
Bartlesville OK 74006

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

Name of Employer self  
Occupation  
self Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6855

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1912 Deep Creek Road

City State Zip Code  
Oklahoma City OK 73131

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

Name of Employer self  
Occupation  
self Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6856

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)  
Scott Cyrns

Mailing Address 8803 S. 101 E. Avenue

City State Zip Code  
Tulsa OK 74133

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

Name of Employer self  
Occupation  
self 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  
08 / 04 / 2006

Transaction ID: 60815.C6875

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) .....	▶	1000.00
<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 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Fred Daniel, Jr

Mailing Address 320 S Boston Ave Suite 1600

City State Zip Code  
Tulsa OK 74103-3717

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

Name of Employer Fred Daniel & Sons, Ins. Occupation Owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: 60814.C6671

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)  
Christopher Emerson

Mailing Address 2303 W. 113th Court

City State Zip Code  
Jenks OK 74037-1729

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

Name of Employer self Occupation Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6857

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)  
John Fernandes

Mailing Address 3014 East 95th

City State Zip Code  
Tulsa OK 74137

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

Name of Employer OSU-CHS Occupation President

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: 60814.C6644

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) .....	▶	750.00
<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 35 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 10646 S Erie Avenue

City State Zip Code  
Tulsa OK 74137-7233

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

Name of Employer self Occupation  
self Physician

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  
07 / 21 / 2006

Transaction ID: 60814.C6677

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)  
Randy Foutch

Mailing Address 15 W 6th St Suite 1100

City State Zip Code  
Tulsa OK 74119-5402

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

Name of Employer Self Employed Occupation  
Self Employed Oil & Gas

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 60927.C6940

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)  
Leo Framel ., JR

Mailing Address 4607 S Norwood Ave

City State Zip Code  
Tulsa OK 74135-6826

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

Name of Employer Retired Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 19 / 2006

Transaction ID: 60719.C6626

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) .....	▶	3300.00
<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 36 / 105
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A.</b> Kimberly Frank		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 6109 E. 105th Street		Transaction ID: 60814.C6687	
City State Zip Code Tulsa OK 74137-7063		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Rusty Gaddy		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 4308 West Kent Street		Transaction ID: 60814.C6809	
City State Zip Code Broken Arrow OK 74012		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Name Brand Clothing Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Executive Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Malcom Gravette		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 616 E. Kingsport		Transaction ID: 60911.C6883	
City State Zip Code Broken Arrow OK 74011		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation requested Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<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 37 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
J.W. Greenawalt

Mailing Address 4425 South Birmingham Avenue

City State Zip Code  
Tulsa OK 74105

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

Name of Employer self  
Occupation  
self Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

**Transaction ID:** 60814.C6858

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)  
Barbara Grogg

Mailing Address 4520 Birmingham Place

City State Zip Code  
Tulsa OK 74105

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

Name of Employer self  
Occupation  
self Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

**Transaction ID:** 60814.C6859

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)  
Paula Hamlin

Mailing Address 15052 E. 106th St. N

City State Zip Code  
Owasso OK 74055

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

Name of Employer self  
Occupation  
Homemaker Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

**Transaction ID:** 60814.C6669

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) .....	<b>750.00</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 38 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 9401 Monroe Street

City State Zip Code  
Silver Spring MD 20910

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

Name of Employer LTD Group Occupation Executive

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  
09 / 27 / 2006

Transaction ID: 60927.C6969

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)  
Jake Henry

Mailing Address 6520 S Gary Ave

City State Zip Code  
Tulsa OK 74136

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

Name of Employer Saint Francis Hospital Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2006

Transaction ID: 60920.C6919

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)  
Ryan Henry

Mailing Address 5057 Minda Ct.

City State Zip Code  
Alexandria VA 22304

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

Name of Employer The National Group LLP Occupation OF Counsel

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: 60814.C6645

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) ..... ► **1250.00**

**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 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 2215 S St. Louis Avenue

City State Zip Code  
Tulsa OK 74114

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) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 60911.C6903

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)  
David Hitzeman

Mailing Address 675 W 108th St S

City State Zip Code  
Jenks OK 74037-2602

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

Name of Employer self Occupation Physician

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6860

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)  
Richard Holmes

Mailing Address 5918 E. 31st Street

City State Zip Code  
Tulsa OK 74135

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

Name of Employer self Occupation Attorney

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: 60814.C6808

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) .....	<b>750.00</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 40 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 7134 S Yale Ave  
Suite 430

City State Zip Code  
Tulsa OK 74136-6372

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

Name of Employer Occupation  
Natural Resources, Inc. Oil and Gas

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 60911.C6904

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)  
Ryan Hulver

Mailing Address 1115 E. 38th Street

City State Zip Code  
Tulsa OK 74105

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

Name of Employer Occupation  
self Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6861

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)  
Robert Hunt

Mailing Address 3212 E. 73rd Street

City State Zip Code  
Tulsa OK 74136

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 ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: 60814.C6804

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) ..... ► **950.00**

**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 41 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 2244 N 32nd St

City State Zip Code  
Muskogee OK 74401-2274

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

Name of Employer  
Sooner Surplus

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 Y  
09 / 14 / 2006

Transaction ID: 60920.C6920

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)  
Michael Johnson

Mailing Address 3141 E 86th St

City State Zip Code  
Tulsa OK 74137-2535

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

Name of Employer  
Williams

Occupation  
Sr. VP

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  
09 / 14 / 2006

Transaction ID: 60920.C6922

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)  
Betty Johnston

Mailing Address 7155 S. Canton

City State Zip Code  
Tulsa OK 74136

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 10 / 2006

Transaction ID: 60814.C6834

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 42 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 5204 South Bend Road

City State Zip Code  
Edmond OK 73034-7981

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

Name of Employer self Occupation  
self Physician

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6862

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)  
Mary Kathryn Jones

Mailing Address 2644 E 19th St.

City State Zip Code  
Tulsa OK 74104-5808

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

Name of Employer Drake Enterprise Occupation  
Drake Enterprise Funeral Director

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

2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60714.C6612

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)  
John Kinsinger

Mailing Address 11912 Old Mill Road

City State Zip Code  
Oklahoma City OK 73131

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

Name of Employer self Occupation  
self Physician

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6863

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) .....	▶	2600.00
<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 43 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 4517 16th Street N

City State Zip Code  
Arlington VA 22207

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

Name of Employer SMI Inc. Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 60927.C6956

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)  
Paul Lackey, Jr

Mailing Address 1219 E 21st PI

City State Zip Code  
Tulsa OK 74114-1215

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

Name of Employer Nordam Group Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 60911.C6905

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)  
W. R. Lissau

Mailing Address 6131 S. Gary Ave

City State Zip Code  
Tulsa OK 74136-1203

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

Name of Employer William K. Warren Foundation Occupation Vice Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2006

Transaction ID: 60920.C6923

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) ..... ► **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 2837 S.W. 47th Terrace

City State Zip Code  
Cape Coral FL 33914-6030

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) ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2006

Transaction ID: 60920.C6924

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
David Lugar

Mailing Address 1133 Connecticut Avenue NW  
5th Floor

City State Zip Code  
Washington DC 20036

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

Name of Employer Quinn Gillespie Occupation Government Relations

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 60927.C6970

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)  
Steven Malcolm

Mailing Address 5134 E. 107th Street

City State Zip Code  
Tulsa OK 74137

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

Name of Employer Williams Occupation Executive

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 60927.C6942

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A.</b> R. Shawn Martin		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006	
Mailing Address 4948 Sentinel Drive No. 202		Transaction ID: 60814.C6838	
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer American Osteopathic Assoc	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> William Maupin		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 804 NW 145th Circle		Transaction ID: 60814.C6864	
City State Zip Code Edmond OK 73013	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Terry McAfee		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address P.O. Box 146		Transaction ID: 60814.C6806	
City State Zip Code Catoosa OK 74015	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer East Tulsa Auto Parts	Occupation Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<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 46 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. J. R. McGraw</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 4612 S Harvard Ave		Transaction ID: 60814.C6807
City State Zip Code Tulsa OK 74135-2908	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Realtor Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. J. R. McGraw</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006
Mailing Address 4612 S Harvard Ave		Transaction ID: 60814.C6839
City State Zip Code Tulsa OK 74135-2908	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Realtor Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin McKeown</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 2120 East 25th Place		Transaction ID: 60814.C6865
City State Zip Code Tulsa OK 74114	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<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 47 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 1408 N. McMillan

City State Zip Code  
Oklahoma City OK 73127

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

Name of Employer  
OK Osteopathic Assoc

Occupation  
Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2006

Transaction ID: 60814.C6840

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)  
Charles Mcnamara, III

Mailing Address 4934 E. 73rd Street Suite 600

City State Zip Code  
Tulsa OK 74136

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

Name of Employer  
Flow Measurement Co.

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2006

Transaction ID: 60911.C6907

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)  
Kyle McSarrow

Mailing Address 6551 Kristina Ursula Court

City State Zip Code  
Falls Church VA 22044-1100

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

Name of Employer  
National Cable & Telecomm

Occupation  
President/CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2006

Transaction ID: 60927.C6943

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) ..... ► **1750.00**

**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 48 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 4337 G 68 Place

City State Zip Code  
Tulsa OK 74136

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

Name of Employer self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

Transaction ID: 60815.C6876

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)  
Joseph Moran, III

Mailing Address 4447 Oak Rd

City State Zip Code  
Tulsa OK 74105-4222

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

Name of Employer Maven Corporation Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: 60717.C6621

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)  
Charles Nobles

Mailing Address 8666 E. 102nd St. S

City State Zip Code  
Tulsa OK 74133

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: 60814.C6810

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) .....	▶	2750.00
<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 49 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
David E Nonweiler

Mailing Address 3129 S Columbia Cir

City State Zip Code  
Tulsa OK 74105-2329

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

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2006

Transaction ID: 60814.C6686

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)  
Ostrander Consulting

Mailing Address P.O. Box 309

City State Zip Code  
Collinsville OK 74021

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

Name of Employer

Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2006

Transaction ID: 60927.C6948

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)  
Phil Ostrander

Mailing Address P.O. Box 309

City State Zip Code  
Collinsville OK 74021

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

Name of Employer  
Ostrander Consulting

Occupation  
Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2006

Transaction ID: 60927.C6953

Amount of Each Receipt this Period  
250.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership->Ostrander Co-nsulting

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 2709 Legacy Court

City State Zip Code  
Bartlesville OK 74006-7444

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

Name of Employer self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6866

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)  
William Pettit

Mailing Address 900 S. Aster Avenue

City State Zip Code  
Broken Arrow OK 74012

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6870

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)  
Paul Powell

Mailing Address 209 Clear Ridge Ct

City State Zip Code  
Bartlesville OK 74006-2903

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2006

Transaction ID: 60911.C6908

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) .....	▶	1000.00
<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 51 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Lauraleene Price (Lolli)

Mailing Address 8939 S Quebec Ave

City State Zip Code  
Tulsa OK 74137-2712

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

Name of Employer Occupation  
Homemaker Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2006

Transaction ID: 60814.C6805

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)  
Becky Rader

Mailing Address 2301 Pawnee Crossing

City State Zip Code  
Edmond OK 73034

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

Name of Employer Occupation  
self Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2006

Transaction ID: 60814.C6871

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)  
Estelle Randolph

Mailing Address 2601 Chandler Rd

City State Zip Code  
Muskogee OK 74403-5002

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  
M M / D D / Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60714.C6613

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 5208 Verbena Lane

City State Zip Code  
Oklahoma City OK 73142

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

Name of Employer self  
Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2006

Transaction ID: 60814.C6872

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)  
Ben Robinson

Mailing Address REQUESTED

City State Zip Code

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

Name of Employer requested  
Occupation requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2006

Transaction ID: 60920.C6925

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)  
James Ronk

Mailing Address 6606 S. Yale Suite 125

City State Zip Code  
Tulsa OK 74136

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 ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2006

Transaction ID: 60814.C6867

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) .....	<b>750.00</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 53 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A.</b> Angela Rooney		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2006
Mailing Address 6633 S Evanston Cir		Transaction ID: 60911.C6909
City	State	Zip Code
Tulsa	OK	74136-1253
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Homemaker	Occupation Homemaker	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John Rooney		Date of Receipt M M / D D / Y Y Y Y Y 08 / 30 / 2006
Mailing Address 4765 E. 91st Street Ste. 200		Transaction ID: 60911.C6890
City	State	Zip Code
Tulsa	OK	74137
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Rooney Co.	Occupation Executive	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Schlecht		Date of Receipt M M / D D / Y Y Y Y Y 08 / 14 / 2006
Mailing Address 3817 E. 103rd Street		Transaction ID: 60814.C6868
City	State	Zip Code
Tulsa	OK	74137-5812
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Physician	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address PO Box 699

City State Zip Code  
Tulsa OK 74101-0699

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

Name of Employer Occupation  
Schusterman Foundation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61006.C6983

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)  
Rhod Shaw

Mailing Address 230 W. Windsor Avenue

City State Zip Code  
Alexandria VA 22301

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2006

Transaction ID: 60814.C6636

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)  
Elizabeth Shoemaker

Mailing Address 400 Homewood Rd  
incomplete address

City State Zip Code  
Los Angeles CA 90049-2714

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

Name of Employer Occupation  
Housewife Housewife

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 60714.C6615

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) ..... ► **3500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Raymond Siegfried, III

Mailing Address 3310 S Birmingham Ave

City State Zip Code  
Tulsa OK 74105-2328

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

Name of Employer Occupation  
Nordam Group Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 60911.C6911

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)  
T. Hastings Siegfried

Mailing Address 7018 N. Lakewood

City State Zip Code  
Tulsa OK 74117

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

Transaction ID: 60911.C6912

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)  
Ron Stevens

Mailing Address 4421 W. Okmulgee PMB 395

City State Zip Code  
Muskogee OK 74401

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

Name of Employer Occupation  
self 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 Y  
08 / 14 / 2006

Transaction ID: 60814.C6869

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) ..... ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address Box 3456

City State Zip Code  
Bartlesville OK 74006

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

Name of Employer Occupation  
BFS Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 60920.C6915

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)  
Don Sundquist

Mailing Address P.O. Box 28

City State Zip Code  
Townsend TN 37882

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

Name of Employer Occupation  
Sundquist Anthony LLC Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2006

Transaction ID: 60927.C6966

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)  
Kelly Swindle

Mailing Address 3622 S. Yorktown Avenue

City State Zip Code  
Tulsa OK 74105

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

Name of Employer Occupation  
Self Employed Real Estate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2006

Transaction ID: 60927.C6945

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) ..... ► **2000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 2738 E 51st St

City State Zip Code  
Tulsa OK 74105-6231

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

Name of Employer  
Self Employed

Occupation  
Insurance Agent

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2006

Transaction ID: 60814.C6670

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1516 S. Boston Suite 301

City State Zip Code  
Tulsa OK 74119

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

Name of Employer  
Senior Star Living

Occupation  
Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2006

Transaction ID: 60920.C6926

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 Thomas

Mailing Address 1249 E. 26th Street

City State Zip Code  
Tulsa OK 74114

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

Name of Employer  
Senior Star Living

Occupation  
Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 60927.C6946

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>3250.00</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 58 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 4215 S. Memorial

City State Zip Code  
Tulsa OK 74145

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

Name of Employer self Occupation  
Auto Dealer

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

200.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2006

Transaction ID: 60814.C6803

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Matthew Trant

Mailing Address 6305 Haviland Drive

City State Zip Code  
Bethesda MD 20817

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

Name of Employer The National Group LLP Occupation  
Partner

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

1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2006

Transaction ID: 60814.C6646

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)  
Delaware Tribe

Mailing Address 220 N. Virginia Avenue

City State Zip Code  
Bartlesville OK 74003

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

Name of Employer Information Requested Occupation  
Information Requested

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

500.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2006

Transaction ID: 60911.C6896

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) .....	▶	1200.00
<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 59 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 401 1st St. SE

City Washington State DC Zip Code 20003-1827

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

Name of Employer The National Group LLP Occupation Associate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2006

Transaction ID: 60814.C6647

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)  
John Uczekaj

Mailing Address 15201 W. Teel Road

City Sapulpa State OK Zip Code 74066

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

Name of Employer Nordam Group Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2006

Transaction ID: 60920.C6927

Amount of Each Receipt this Period  
700.00

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

**C.** Full Name (Last, First, Middle Initial)  
Vincent Versage

Mailing Address 211 Duke Street

City Alexandria State VA Zip Code 22314

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

Name of Employer The National Group LLP Occupation Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2006

Transaction ID: 60720.C6629

Amount of Each Receipt this Period  
650.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

**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 60 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address 211 Duke Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
The National Group LLP Partner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2750.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2006

Transaction ID: 60720.C6628

Amount of Each Receipt this Period  
350.00

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

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

Mailing Address 1250 E. 24th St.

City State Zip Code  
Tulsa OK 74114-1220

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

Name of Employer Occupation  
Information Requested Information Requested

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

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2006

Transaction ID: 60814.C6648

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)  
Myra Ward

Mailing Address 900 Brookside Drive

City State Zip Code  
Enid OK 73703

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

Name of Employer Occupation  
Self Employed Oil & Gas

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

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2006

Transaction ID: 60714.C6614

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) .....	▶	1850.00
<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 61 / 105
	<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)  
JOHN SULLIVAN FOR CONGRESS, INC

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

Mailing Address PO Box 470372

City State Zip Code  
Tulsa OK 74147-0372

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

Name of Employer Occupation  
W.K. Warren Foundation Chief Executive Officer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 60927.C6947

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)  
Mike Webb

Mailing Address P.O. Drawer 798

City State Zip Code  
Muskogee OK 74402

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

Name of Employer Occupation  
Muskogee Bridge 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 Y  
09 / 14 / 2006

Transaction ID: 60920.C6928

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)  
Tim Wheeler

Mailing Address 1989 S. 70th Street W

City State Zip Code  
Muskogee OK 74401-9808

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

Name of Employer Occupation  
Wheeler Sheet Metal 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 Y  
09 / 14 / 2006

Transaction ID: 60920.C6929

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 62 / 105
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

<b>A.</b> Full Name (Last, First, Middle Initial) David Whitney Mailing Address 8811 Highlands Drive City State Zip Code Broken Arrow OK 74014 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006 <b>Transaction ID:</b> 60814.C6668 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Broken Arrow Electric Supply Occupation Owner Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ervin Yen Mailing Address 1111 N. Lee Avenue City State Zip Code Oklahoma City OK 73103 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006 <b>Transaction ID:</b> 60815.C6877 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self Occupation Physician Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Jack Zarrow Mailing Address 2660 S Birmingham Pl City State Zip Code Tulsa OK 74114-4300 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006 <b>Transaction ID:</b> 60920.C6916 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Zarrow Holding Co. Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>66200.00</b>

**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 63 / 105
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

**A.** Full Name (Last, First, Middle Initial)  
Oklahoma Election Board

Mailing Address   State Capitol Building

City   State   Zip Code  
Oklahoma City   OK   73102-

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

Name of Employer   Occupation

Receipt For:   2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	6

Transaction ID: 60911.C6895

Amount of Each Receipt this Period  
750.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	750.00

**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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Airport Event Promotions</b>		<b>Transaction ID:</b> 60911.E1879 Date of Disbursement
Mailing Address 9171 E. 118 Place		<input type="text" value="08"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Bixby	State OK	Zip Code 74008-
Purpose of Disbursement Event Decor and Food	<input type="text" value="003"/>	Amount of Each Disbursement this Period <input type="text" value="1955.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>EVENT DECOR AND FOOD</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Airport Event Promotions</b>		<b>Transaction ID:</b> 61006.E1909 Date of Disbursement
Mailing Address 9171 E. 118 Place		<input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Bixby	State OK	Zip Code 74008-
Purpose of Disbursement Event Expense	<input type="text" value="003"/>	Amount of Each Disbursement this Period <input type="text" value="436.50"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>EVENT EXPENSE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Electric Power Company of OK</b>		<b>Transaction ID:</b> 60814.E1802 Date of Disbursement
Mailing Address P.O. Box 24421		<input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Canton	State OH	Zip Code 44701-4421
Purpose of Disbursement Utility Expense	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="116.29"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>UTILITY EXPENSE</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2507.79"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. American Electric Power Company of OK</b>		<b>Transaction ID: 60814.E1803</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 24421		Amount of Each Disbursement this Period 100.07
City Canton State OH Zip Code 44701-4421	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>UTILITY EXPENSE</b>	
Purpose of Disbursement Utility Expense Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Electric Power Company of OK</b>		<b>Transaction ID: 60815.E1858</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 24421		Amount of Each Disbursement this Period 207.23
City Canton State OH Zip Code 44701-4421	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>UTILITY EXPENSE</b>	
Purpose of Disbursement Utility Expense Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Electric Power Company of OK</b>		<b>Transaction ID: 60815.E1859</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 24421		Amount of Each Disbursement this Period 286.66
City Canton State OH Zip Code 44701-4421	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>UTILITY EXPENSE</b>	
Purpose of Disbursement Utility Expense Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>593.96</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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. American Electric Power Company of OK</b>		<b>Transaction ID:</b> 60911.E1871 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address P.O. Box 24421		Amount of Each Disbursement this Period 238.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Canton State OH Zip Code 44701-4421		
Purpose of Disbursement Utility Expense	Category/Type 001	UTILITY EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		<b>Transaction ID:</b> 60911.E1887 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address PO Box 1489		Amount of Each Disbursement this Period 38.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lumberton State NC Zip Code 28359-1489		
Purpose of Disbursement Bank Service Charge	Category/Type 001	BANK SERVICE CHARGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bellwether Consulting Group</b>		<b>Transaction ID:</b> 60815.E1868 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-		
Purpose of Disbursement Fundraising Consulting	Category/Type 003	FUNDRAISING CONSULTING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2276.19
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Bellwether Consulting Group</b>		<b>Transaction ID: 60814.E1816</b> Date of Disbursement 07 / 20 / 2006
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 2644.10
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSABLE EXPENSES: SEE BELOW		REIMBURSABLE EXPENSES: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bellwether Consulting Group</b>		<b>Transaction ID: 60814.E1818</b> Date of Disbursement 07 / 20 / 2006
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 92.36
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Blast Fax		[MEMO ITEM] MEMO: BLAST FAX
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bellwether Consulting Group</b>		<b>Transaction ID: 60814.E1817</b> Date of Disbursement 07 / 20 / 2006
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 2551.74
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Catering Expense		[MEMO ITEM] MEMO: EVENT CATERING EXPE- NSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2644.10
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Bellwether Consulting Group</b>		<b>Transaction ID: 60815.E1853</b> Date of Disbursement 08 / 08 / 2006
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 4000.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type 003	FUNDRAISING CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bellwether Consulting Group</b>		<b>Transaction ID: 60815.E1849</b> Date of Disbursement 08 / 08 / 2006
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 4308.67
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSABLE EXPENSES: SEE BELOW Candidate Name	Category/Type	REIMBURSABLE EXPENSES: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bellwether Consulting Group</b>		<b>Transaction ID: 60815.E1851</b> Date of Disbursement 08 / 08 / 2006
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 46.59
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Blast Fax Candidate Name	Category/Type 003	[MEMO ITEM] MEMO: BLAST FAX
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8308.67
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Bellwether Consulting Group</b>		<b>Transaction ID:</b> 60815.E1850 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 4262.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	<b>[MEMO ITEM]</b> MEMO: EVENT CATERING EXPENSE	
Purpose of Disbursement Event Catering Expense		Category/Type 003
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Bellwether Consulting Group</b>		<b>Transaction ID:</b> 60815.E1852 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 9912.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Category/Type 003	
Purpose of Disbursement Fundraising Consulting		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	FUNDRAISING CONSULTING
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bellwether Consulting Group</b>		<b>Transaction ID:</b> 60815.E1857 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Category/Type 003	
Purpose of Disbursement Fundraising Consulting		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	FUNDRAISING CONSULTING
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) ..... ▶	11912.50
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Bellwether Consulting Group</b>		Transaction ID: 60920.E1889 Date of Disbursement MM / DD / YYYY 09 / 11 / 2006
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement Fundraising Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING CONSULTING</b>

Full Name (Last, First, Middle Initial) <b>B. Bellwether Consulting Group</b>		Transaction ID: 61006.E1910 Date of Disbursement MM / DD / YYYY 09 / 27 / 2006
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 64.84
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement REIMBURSABLE EXPENSES: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>REIMBURSABLE EXPENSES: SEE BELOW</b>

Full Name (Last, First, Middle Initial) <b>C. Bellwether Consulting Group</b>		Transaction ID: 61006.E1911 Date of Disbursement MM / DD / YYYY 09 / 27 / 2006
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 45.24
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement Blast Fax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM] MEMO: BLAST FAX</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2064.84
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Bellwether Consulting Group</b>		<b>Transaction ID:</b> 61006.E1912 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 19.60
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Expense Candidate Name	Category/Type 003	<b>[MEMO ITEM]</b> MEMO: POSTAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bordens Management</b>		<b>Transaction ID:</b> 60920.E1897 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 4611 E. Admiral Blvd.		Amount of Each Disbursement this Period 3600.00
City Tulsa State OK Zip Code 74115-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Expense Candidate Name	Category/Type 001	RENT EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		<b>Transaction ID:</b> 60814.E1830 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 370.67
City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food and Beverage Candidate Name	Category/Type 001	FOOD AND BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3970.67
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		<b>Transaction ID:</b> 60814.E1838 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 617.17
City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food and Beverage Candidate Name	Category/Type 001	FOOD AND BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		<b>Transaction ID:</b> 60911.E1878 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 236.26
City Washington State DC Zip Code 20003-1801	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food and Beverage Candidate Name	Category/Type 001	FOOD AND BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		<b>Transaction ID:</b> 60814.E1826 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 221.59
City Dallas State TX Zip Code 75265-0553	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	Category/Type 001	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1075.02
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID: 60815.E1848</b> Date of Disbursement 08 / 08 / 2006
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 349.52
City Dallas State TX Zip Code 75265-0553	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	001 Category/Type	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID: 60920.E1888</b> Date of Disbursement 09 / 11 / 2006
Mailing Address P.O. Box 650553		Amount of Each Disbursement this Period 201.38
City Dallas State TX Zip Code 75265-0553	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Expense Candidate Name	001 Category/Type	TELEPHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Colt Communications, Inc.</b>		<b>Transaction ID: 60814.E1827</b> Date of Disbursement 07 / 10 / 2006
Mailing Address 2108 W Albany		Amount of Each Disbursement this Period 255.00
City Broken Arrow State OK Zip Code 74012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Equipment Expense Candidate Name	001 Category/Type	TELEPHONE EQUIPMENT EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	805.90
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Community Spirit Magazine</b>		<b>Transaction ID:</b> 60911.E1875 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 10019 S 69th East Ave		Amount of Each Disbursement this Period 3200.00	
City Tulsa State OK Zip Code 74133-6220	Purpose of Disbursement Advertising Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>ADVERTISING EXPENSE</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004	

Full Name (Last, First, Middle Initial) <b>B. Courtnie Griffis</b>		<b>Transaction ID:</b> 60814.E1834 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6	
Mailing Address P.O. Box 521168		Amount of Each Disbursement this Period 3239.54	
City Tulsa State OK Zip Code 74152-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>REIMBURSEMENT: SEE BELOW</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Courtnie Griffis</b>		<b>Transaction ID:</b> 60814.E1835 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6	
Mailing Address P.O. Box 521168		Amount of Each Disbursement this Period 300.00	
City Tulsa State OK Zip Code 74152-	Purpose of Disbursement Mileage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> <b>MEMO: MILEAGE</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6439.54
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Courtnie Griffis</b>		Transaction ID: 60815.E1854 Date of Disbursement 07 / 14 / 2006	
Mailing Address P.O. Box 521168		Amount of Each Disbursement this Period 1043.35	
City Tulsa	State OK	Zip Code 74152-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FOOD AND BEVERAGE
Purpose of Disbursement Food and Beverage		Category/ Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Courtnie Griffis</b>		Transaction ID: 60814.E1836 Date of Disbursement 07 / 14 / 2006	
Mailing Address P.O. Box 521168		Amount of Each Disbursement this Period 1896.19	
City Tulsa	State OK	Zip Code 74152-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Purpose of Disbursement Office Supplies		Category/ Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Courtnie Griffis</b>		Transaction ID: 60927.E1904 Date of Disbursement 09 / 27 / 2006	
Mailing Address P.O. Box 521168		Amount of Each Disbursement this Period 205.11	
City Tulsa	State OK	Zip Code 74152-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN MATERIALS
Purpose of Disbursement Campaign Materials		Category/ Type 006	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	205.11
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

<p><b>A.</b> Courtnie Griffis</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 521168</p> <p>City Tulsa State OK Zip Code 74152-</p> <p>Purpose of Disbursement Campaign Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60927.E1903</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="896.22"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CAMPAIGN MATERIALS</b></p>
<p><b>B.</b> Cox Communications</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 22126</p> <p>City Tulsa State OK Zip Code 74121-2126</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60814.E1824</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1625.41"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TELEPHONE EXPENSE</b></p>
<p><b>C.</b> Cox Communications</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 22126</p> <p>City Tulsa State OK Zip Code 74121-2126</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60814.E1841</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="821.42"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TELEPHONE EXPENSE</b></p>

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

**3343.05**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
JOHN SULLIVAN FOR CONGRESS, INC

<b>A. Cox Communications</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 22126 City Tulsa State OK Zip Code 74121-2126 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60911.E1872 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 711.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TELEPHONE EXPENSE</b>
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<b>B. Cox Communications</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 22126 City Tulsa State OK Zip Code 74121-2126 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61006.E1913 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 688.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TELEPHONE EXPENSE</b>
---	--	--

<b>C. Brooke Eidson</b> Full Name (Last, First, Middle Initial) Mailing Address 3508 W. Pittsburg City Broken Arrow State OK Zip Code 74012- Purpose of Disbursement Administrative Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60815.E1862 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>ADMINISTRATIVE CONSULTING</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1599.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

<b>A.</b> Full Name (Last, First, Middle Initial) Brooke Eidson		<b>Transaction ID:</b> 60815.E1863 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6	
Mailing Address 3508 W. Pittsburg		Amount of Each Disbursement this Period 200.00	
City Broken Arrow State OK Zip Code 74012-	Purpose of Disbursement Administrative Consulting Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ADMINISTRATIVE CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	
<b>B.</b> Full Name (Last, First, Middle Initial) Brooke Eidson		<b>Transaction ID:</b> 60815.E1864 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 6	
Mailing Address 3508 W. Pittsburg		Amount of Each Disbursement this Period 200.00	
City Broken Arrow State OK Zip Code 74012-	Purpose of Disbursement Administrative Consulting Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ADMINISTRATIVE CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	
<b>C.</b> Full Name (Last, First, Middle Initial) Brooke Eidson		<b>Transaction ID:</b> 60815.E1865 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6	
Mailing Address 3508 W. Pittsburg		Amount of Each Disbursement this Period 200.00	
City Broken Arrow State OK Zip Code 74012-	Purpose of Disbursement Administrative Consulting Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ADMINISTRATIVE CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

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

600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Brooke Eidson</b>		Transaction ID: 60815.E1866 Date of Disbursement 07 / 21 / 2006	
Mailing Address 3508 W. Pittsburg		Amount of Each Disbursement this Period 200.00	
City Broken Arrow State OK Zip Code 74012-	Purpose of Disbursement Administrative Consulting Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ADMINSTRATIVE CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Evans Video Production</b>		Transaction ID: 60814.E1825 Date of Disbursement 07 / 10 / 2006	
Mailing Address 2714 East 22nd Street		Amount of Each Disbursement this Period 100.00	
City Tulsa State OK Zip Code 74114-3125	Purpose of Disbursement Photographic Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHOTOGRAPHIC EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. F &amp; M Bank</b>		Transaction ID: 60815.E1855 Date of Disbursement 08 / 04 / 2006	
Mailing Address 1330 S Harvard Ave		Amount of Each Disbursement this Period 8.00	
City Tulsa State OK Zip Code 74112-5818	Purpose of Disbursement Bankcard Processing Fee Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  BANKCARD PROCESSING FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	308.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. F &amp; M Bank</b>		Transaction ID: 60920.E1891 Date of Disbursement 08 / 10 / 2006	
Mailing Address 1330 S Harvard Ave		Amount of Each Disbursement this Period 8.00	
City Tulsa State OK Zip Code 74112-5818	Purpose of Disbursement Bankcard Processing Fee Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>BANKCARD PROCESSING FEE</b>	

Full Name (Last, First, Middle Initial) <b>B. F &amp; M Bank</b>		Transaction ID: 60920.E1892 Date of Disbursement 09 / 01 / 2006	
Mailing Address 1330 S Harvard Ave		Amount of Each Disbursement this Period 10.00	
City Tulsa State OK Zip Code 74112-5818	Purpose of Disbursement Bank Wire Fee Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>BANK WIRE FEE</b>	

Full Name (Last, First, Middle Initial) <b>C. Farpointer Technologies, Inc.</b>		Transaction ID: 60814.E1806 Date of Disbursement 07 / 17 / 2006	
Mailing Address PO Box 702618		Amount of Each Disbursement this Period 185.00	
City Tulsa State OK Zip Code 74170-2618	Purpose of Disbursement E-mail third quarter 2006 Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>E-MAIL THIRD QUARTER 2006</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	203.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

Use separate schedule(s)  
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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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. FEC Financial, LLC</b>		<b>Transaction ID:</b> 60814.E1807 Date of Disbursement 07 / 19 / 2006
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1595.83
City Sterling State VA Zip Code 20165-1374	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FEC Financial, LLC</b>		<b>Transaction ID:</b> 60814.E1809 Date of Disbursement 07 / 19 / 2006
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 95.83
City Sterling State VA Zip Code 20165-1374	Category/Type: 001	
Purpose of Disbursement Postage Expense	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FEC Financial, LLC</b>		<b>Transaction ID:</b> 60814.E1808 Date of Disbursement 07 / 19 / 2006
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1500.00
City Sterling State VA Zip Code 20165-1374	Category/Type: 001	
Purpose of Disbursement Accounting Services	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: ACCOUNTING SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1595.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. FEC Financial, LLC</b>		<b>Transaction ID:</b> 60911.E1881 Date of Disbursement 08 / 23 / 2006
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1250.33
City Sterling State VA Zip Code 20165-1374	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FEC Financial, LLC</b>		<b>Transaction ID:</b> 60911.E1882 Date of Disbursement 08 / 23 / 2006
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1000.00
City Sterling State VA Zip Code 20165-1374	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting Services	Candidate Name	[MEMO ITEM] MEMO: ACCOUNTING SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FEC Financial, LLC</b>		<b>Transaction ID:</b> 60911.E1883 Date of Disbursement 08 / 23 / 2006
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 250.33
City Sterling State VA Zip Code 20165-1374	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Expense	Candidate Name	[MEMO ITEM] MEMO: POSTAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1250.33
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. FEC Financial, LLC</b>		<b>Transaction ID:</b> 60920.E1899 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1510.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sterling State VA Zip Code 20165-1374	Purpose of Disbursement REIMBURSABLE EXPENSES: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSABLE EXPENSES: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. FEC Financial, LLC</b>		<b>Transaction ID:</b> 60920.E1900 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sterling State VA Zip Code 20165-1374	Purpose of Disbursement Accounting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: ACCOUNTING SERVICES

Full Name (Last, First, Middle Initial) <b>C. FEC Financial, LLC</b>		<b>Transaction ID:</b> 60920.E1901 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address PO Box 651374		Amount of Each Disbursement this Period 10.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sterling State VA Zip Code 20165-1374	Purpose of Disbursement Postage Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1510.73
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Green Country Shirt-N-Sign</b>		<b>Transaction ID: 60815.E1846</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 10722 N 168th East Ave		Amount of Each Disbursement this Period 1572.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owasso State OK Zip Code 74055-6151	Purpose of Disbursement Campaign Material (T-Shirts) Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN MATERIAL (T-SHIRTS)

Full Name (Last, First, Middle Initial) <b>B. Keleher Outdoor Advertising, Inc</b>		<b>Transaction ID: 60814.E1831</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address PO Box 1361		Amount of Each Disbursement this Period 8300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bartlesville State OK Zip Code 74005-1361	Purpose of Disbursement Advertising Boards Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING BOARDS

Full Name (Last, First, Middle Initial) <b>C. Koch Industries Inc.</b>		<b>Transaction ID: 60814.E1840</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 655 15th Street NW #445		Amount of Each Disbursement this Period 632.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005-	Purpose of Disbursement Event Expense Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10504.57
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Mail Consultants/Ad Mail</b>		<b>Transaction ID:</b> 61015.E1924 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 5422 S. 108th Avenue		Amount of Each Disbursement this Period 588.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tulsa State OK Zip Code 74145-	Purpose of Disbursement Postage Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE EXPENSE
Full Name (Last, First, Middle Initial) <b>B. MCI</b>		<b>Transaction ID:</b> 60814.E1820 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 27732 Network Place		Amount of Each Disbursement this Period 26.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60673-1277	Purpose of Disbursement Telephone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE
Full Name (Last, First, Middle Initial) <b>C. MCI</b>		<b>Transaction ID:</b> 60814.E1811 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 27732 Network Place		Amount of Each Disbursement this Period 12.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60673-1277	Purpose of Disbursement Telephone Expense Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	627.72
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

<b>A. MCI</b> Full Name (Last, First, Middle Initial) Mailing Address 27732 Network Place City Chicago State IL Zip Code 60673-1277 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60814.E1812</b> Date of Disbursement 07 / 21 / 2006 Amount of Each Disbursement this Period 12.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TELEPHONE EXPENSE</b>
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<b>B. MCI</b> Full Name (Last, First, Middle Initial) Mailing Address 27732 Network Place City Chicago State IL Zip Code 60673-1277 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60911.E1877</b> Date of Disbursement 08 / 23 / 2006 Amount of Each Disbursement this Period 12.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TELEPHONE EXPENSE</b>
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<b>C. MCI</b> Full Name (Last, First, Middle Initial) Mailing Address 27732 Network Place City Chicago State IL Zip Code 60673-1277 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60911.E1876</b> Date of Disbursement 08 / 23 / 2006 Amount of Each Disbursement this Period 12.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TELEPHONE EXPENSE</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	38.28
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

<b>A. MCI</b> Full Name (Last, First, Middle Initial) Mailing Address 27732 Network Place City Chicago State IL Zip Code 60673-1277 Purpose of Disbursement Telephone Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61006.E1914 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 25.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TELEPHONE EXPENSE</b>
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<b>B. McNally Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 505 S Quaker Ave City Tulsa State OK Zip Code 74120-4011 Purpose of Disbursement Printing Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60814.E1801 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 1015.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PRINTING EXPENSE</b>
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<b>C. McNally Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 505 S Quaker Ave City Tulsa State OK Zip Code 74120-4011 Purpose of Disbursement Printing Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60814.E1810 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 193.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PRINTING EXPENSE</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1234.40
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Commit</b>		<b>Transaction ID: 60815.C6874IK</b> Date of Disbursement 08 / 11 / 2006
Mailing Address 320 1st St SE		Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement BLAST FAX Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: BLAST FAX

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Commit</b>		<b>Transaction ID: 60911.C6914IK</b> Date of Disbursement 08 / 25 / 2006
Mailing Address 320 1st St SE		Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement BLAST FAX Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: BLAST FAX

Full Name (Last, First, Middle Initial) <b>C. Joseph Kevin OConnor</b>		<b>Transaction ID: 60815.E1867</b> Date of Disbursement 07 / 21 / 2006
Mailing Address 3708 S Fulton		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tulsa State OK Zip Code 74101-	Purpose of Disbursement Administrative Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADMINISTRATIVE CONSULTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	996.00
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Oklahoma Natural Gas</b>		<b>Transaction ID: 60814.E1822</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 205 East Pine Street		Amount of Each Disbursement this Period 15.55
City Tulsa State OK Zip Code 74104-4405	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utility Expense	Candidate Name	UTILITY EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Oklahoma Natural Gas</b>		<b>Transaction ID: 60814.E1804</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 205 East Pine Street		Amount of Each Disbursement this Period 40.55
City Tulsa State OK Zip Code 74104-4405	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utility Expense	Candidate Name	UTILITY EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Oklahoma Natural Gas</b>		<b>Transaction ID: 60814.E1805</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 205 East Pine Street		Amount of Each Disbursement this Period 43.17
City Tulsa State OK Zip Code 74104-4405	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utility Expense	Candidate Name	UTILITY EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	99.27
<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 90 / 105

<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Oklahoma Natural Gas</b>		<b>Transaction ID: 60814.E1842</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 205 East Pine Street		Amount of Each Disbursement this Period 15.78
City Tulsa State OK Zip Code 74104-4405	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utility Expense	Category/Type 001	UTILITY EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Oklahoma Natural Gas</b>		<b>Transaction ID: 60815.E1861</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 205 East Pine Street		Amount of Each Disbursement this Period 16.16
City Tulsa State OK Zip Code 74104-4405	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utility Expense	Category/Type 001	UTILITY EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Oklahoma Natural Gas</b>		<b>Transaction ID: 60815.E1860</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 205 East Pine Street		Amount of Each Disbursement this Period 24.94
City Tulsa State OK Zip Code 74104-4405	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utility Expense	Category/Type 001	UTILITY EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	56.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Oklahoma Natural Gas</b>		<b>Transaction ID: 60911.E1885</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address 205 East Pine Street		Amount of Each Disbursement this Period 15.55	
City Tulsa State OK Zip Code 74104-4405	Purpose of Disbursement Utility Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	UTILITY EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Oklahoma Natural Gas</b>		<b>Transaction ID: 60920.E1895</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 205 East Pine Street		Amount of Each Disbursement this Period 15.79	
City Tulsa State OK Zip Code 74104-4405	Purpose of Disbursement Utility Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	UTILITY EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Oklahoma Natural Gas</b>		<b>Transaction ID: 60920.E1896</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 205 East Pine Street		Amount of Each Disbursement this Period 7.18	
City Tulsa State OK Zip Code 74104-4405	Purpose of Disbursement Utility Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	UTILITY EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	38.52
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Oklahoma Natural Gas</b>		<b>Transaction ID:</b> 60927.E1908 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 205 East Pine Street		Amount of Each Disbursement this Period 15.55
City Tulsa State OK Zip Code 74104-4405	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utility Expense	Category/Type 001	UTILITY EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. One Summit Plaza</b>		<b>Transaction ID:</b> 60814.E1821 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address Principle Equity Properties LP P.O. Box 4869 Dept. 218		Amount of Each Disbursement this Period 154.19
City Houston State TX Zip Code 77210-4869	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Expense	Category/Type 001	RENT EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. One Summit Plaza</b>		<b>Transaction ID:</b> 60815.E1847 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address Principle Equity Properties LP P.O. Box 4869 Dept. 218		Amount of Each Disbursement this Period 130.24
City Houston State TX Zip Code 77210-4869	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Expense	Category/Type 001	RENT EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	299.98
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. One Summit Plaza</b>		<b>Transaction ID:</b> 60911.E1873 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address Principle Equity Properties LP P.O. Box 4869 Dept. 218		Amount of Each Disbursement this Period 130.24
City Houston State TX Zip Code 77210-4869	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Expense	Category/Type 001	RENT EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Republican Party of Tulsa County</b>		<b>Transaction ID:</b> 60920.E1898 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 5840 S. Memorial Suite 333		Amount of Each Disbursement this Period 1200.00
City Tulsa State OK Zip Code 74145-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement State Fair Booth	Category/Type 001	STATE FAIR BOOTH
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Response Technology</b>		<b>Transaction ID:</b> 60814.E1823 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 4900 Colorado Blvd		Amount of Each Disbursement this Period 12023.11
City Denver State CO Zip Code 80216-3116	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing and Production Expens	Category/Type 003	PRINTING AND PRODUCTION EXPENS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13353.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Robertson Tire</b>		<b>Transaction ID:</b> 60927.E1905 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 5609 East 41st Street		Amount of Each Disbursement this Period 1041.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tulsa State OK Zip Code 74135-	Purpose of Disbursement Vehicle Maintenance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <b>VEHICLE MAINTENANCE</b>

Full Name (Last, First, Middle Initial) <b>B. Sams Club</b>		<b>Transaction ID:</b> 60815.E1856 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 4420 S Sheridan Rd		Amount of Each Disbursement this Period 140.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tulsa State OK Zip Code 74145-1122	Purpose of Disbursement Membership Dues Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <b>MEMBERSHIP DUES</b>

Full Name (Last, First, Middle Initial) <b>C. Sheridan Storage</b>		<b>Transaction ID:</b> 60814.E1819 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 07 / 06 / 2006
Mailing Address 4411 S Sheridan Rd		Amount of Each Disbursement this Period 116.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tulsa State OK Zip Code 74145-1121	Purpose of Disbursement Storage July Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <b>STORAGE JULY</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1297.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Sheridan Storage</b>		<b>Transaction ID: 60814.E1839</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 4411 S Sheridan Rd		Amount of Each Disbursement this Period 116.00
City Tulsa State OK Zip Code 74145-1121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Storage August	Category/Type 001	STORAGE AUGUST
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sheridan Storage</b>		<b>Transaction ID: 60911.E1884</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 4411 S Sheridan Rd		Amount of Each Disbursement this Period 116.00
City Tulsa State OK Zip Code 74145-1121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Storage Sept.	Category/Type 001	STORAGE SEPT.
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Sheridan Storage</b>		<b>Transaction ID: 61006.E1916</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 4411 S Sheridan Rd		Amount of Each Disbursement this Period 116.00
City Tulsa State OK Zip Code 74145-1121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Storage Oct.	Category/Type 001	STORAGE OCT.
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	348.00
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Strategic Perception Inc.</b>		<b>Transaction ID: 60814.E1829</b> Date of Disbursement 07 / 10 / 2006
Mailing Address 2185 Broadview Ter		Amount of Each Disbursement this Period 4000.00
City Los Angeles State CA Zip Code 90068-3153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Consulting Candidate Name	001 Category/Type	POLITICAL CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Strategic Perception Inc.</b>		<b>Transaction ID: 60814.E1828</b> Date of Disbursement 07 / 10 / 2006
Mailing Address 2185 Broadview Ter		Amount of Each Disbursement this Period 4000.00
City Los Angeles State CA Zip Code 90068-3153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Consulting Candidate Name	001 Category/Type	POLITICAL CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Strategic Perception Inc.</b>		<b>Transaction ID: 60814.E1837</b> Date of Disbursement 07 / 31 / 2006
Mailing Address 2185 Broadview Ter		Amount of Each Disbursement this Period 4000.00
City Los Angeles State CA Zip Code 90068-3153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Consulting Candidate Name	001 Category/Type	POLITICAL CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Strategic Perception Inc.</b>		<b>Transaction ID:</b> 60911.E1886 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 2185 Broadview Ter		Amount of Each Disbursement this Period 17747.00
City Los Angeles State CA Zip Code 90068-3153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media Advertisement	Candidate Name	MEDIA ADVERTISEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Strategic Perception Inc.</b>		<b>Transaction ID:</b> 61006.E1915 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 2185 Broadview Ter		Amount of Each Disbursement this Period 2252.50
City Los Angeles State CA Zip Code 90068-3153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Media Advertisement	Candidate Name	MEDIA ADVERTISEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. John Sullivan</b>		<b>Transaction ID:</b> 60814.E1813 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address 1648 E 44th St		Amount of Each Disbursement this Period 561.43
City Tulsa State OK Zip Code 74105-4116	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20560.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)  
JOHN SULLIVAN FOR CONGRESS, INC

<b>A.</b> Full Name (Last, First, Middle Initial) John Sullivan		<b>Transaction ID:</b> 60814.E1815 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6	
Mailing Address 1648 E 44th St		Amount of Each Disbursement this Period 320.24	
City Tulsa State OK Zip Code 74105-4116	Purpose of Disbursement Food and Beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO: FOOD AND BEVERAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) John Sullivan		<b>Transaction ID:</b> 60814.E1814 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6	
Mailing Address 1648 E 44th St		Amount of Each Disbursement this Period 241.19	
City Tulsa State OK Zip Code 74105-4116	Purpose of Disbursement Mileage Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: MILEAGE REIMBURSEMENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) John Sullivan		<b>Transaction ID:</b> 60911.E1869 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 1648 E 44th St		Amount of Each Disbursement this Period 1862.18	
City Tulsa State OK Zip Code 74105-4116	Purpose of Disbursement Fundraising Event Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 003	<b>FUNDRAISING EVENT EXPENSE</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

1862.18

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. The Tulsa Machine</b>		<b>Transaction ID:</b> 60814.E1832 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 1503 E Admiral Pl		Amount of Each Disbursement this Period 4167.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tulsa State OK Zip Code 74120-1617	Purpose of Disbursement Campaign Materials (Signs)	
Candidate Name		006 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN MATERIALS (SIGNS)

Full Name (Last, First, Middle Initial) <b>B. Tonis Flowers &amp; Gifts</b>		<b>Transaction ID:</b> 60814.E1833 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 3525 S Harvard Ave		Amount of Each Disbursement this Period 188.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tulsa State OK Zip Code 74135-1840	Purpose of Disbursement Flowers Expense	
Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FLOWERS EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Tonis Flowers &amp; Gifts</b>		<b>Transaction ID:</b> 60815.E1845 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 3525 S Harvard Ave		Amount of Each Disbursement this Period 91.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tulsa State OK Zip Code 74135-1840	Purpose of Disbursement Flowers Expense	
Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FLOWERS EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4446.79
<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)

PAGE 100 / 105

<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Tonis Flowers &amp; Gifts</b>		<b>Transaction ID:</b> 60911.E1874 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 3525 S Harvard Ave		Amount of Each Disbursement this Period 123.04
City Tulsa State OK Zip Code 74135-1840	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flowers Expense	Candidate Name	FLOWERS EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. Post Office</b>		<b>Transaction ID:</b> 60814.E1799 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 333 W 4th St		Amount of Each Disbursement this Period 585.00
City Tulsa State OK Zip Code 74103-3844	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. Post Office</b>		<b>Transaction ID:</b> 60814.E1800 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 333 W 4th St		Amount of Each Disbursement this Period 195.00
City Tulsa State OK Zip Code 74103-3844	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	903.04
<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)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. U.S. Post Office</b>		<b>Transaction ID: 60815.E1844</b> Date of Disbursement 08 / 07 / 2006
Mailing Address 333 W 4th St		Amount of Each Disbursement this Period 117.00
City Tulsa State OK Zip Code 74103-3844	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 001	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U.S. Post Office</b>		<b>Transaction ID: 61015.E1925</b> Date of Disbursement 09 / 30 / 2006
Mailing Address 333 W 4th St		Amount of Each Disbursement this Period 1170.00
City Tulsa State OK Zip Code 74103-3844	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Expense Candidate Name	Category/Type 001	POSTAGE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sharon Wilson</b>		<b>Transaction ID: 60911.E1870</b> Date of Disbursement 08 / 31 / 2006
Mailing Address 790 Santa Rosa Blvd., #6004		Amount of Each Disbursement this Period 8500.00
City Fort Walton Beach State FL Zip Code 32548-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Vehicle Candidate Name	Category/Type 002	CAMPAIGN VEHICLE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9787.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	131668.42

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Bishop Kelly Booster Club</b>		<b>Transaction ID: 60927.E1906</b> Date of Disbursement 09 / 27 / 2006
Mailing Address 3905 South Hudson Avenue		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tulsa State OK Zip Code 74135-	Category/Type 012	
Purpose of Disbursement Donation Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Commit</b>		<b>Transaction ID: 60927.E1902</b> Date of Disbursement 09 / 13 / 2006
Mailing Address 320 1st St SE		Amount of Each Disbursement this Period 50000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1838	Category/Type 001	
Purpose of Disbursement Transfer of Excess Funds Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

51000.00

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

51000.00

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial) <b>A. Miami Tribe Of OK Business Dev Author</b>		<b>Transaction ID:</b> 60920.E1890 Date of Disbursement 09 / 07 / 2006
Mailing Address 66201 East 290 Road		Amount of Each Disbursement this Period 400.00
City Grove State OK Zip Code 74344-	Purpose of Disbursement Refund of Contribution ITEMIZE: OVERLIM Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Randy Foutch</b>		<b>Transaction ID:</b> 60927.E1907 Date of Disbursement 09 / 27 / 2006
Mailing Address 15 W 6th St Suite 1100		Amount of Each Disbursement this Period 1800.00
City Tulsa State OK Zip Code 74119-5402	Purpose of Disbursement Refund of Contribution ITEMIZE: OVERLIM Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Donald E. Loudon</b>		<b>Transaction ID:</b> 60920.E1893 Date of Disbursement 09 / 14 / 2006
Mailing Address 2837 S.W. 47th Terrace		Amount of Each Disbursement this Period 400.00
City Cape Coral State FL Zip Code 33914-6030	Purpose of Disbursement Refund of Contribution ITEMIZE: REFUND Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2600.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>2600.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)  
**A. Valero Political Action Committee**

Mailing Address 601 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2601

Purpose of Disbursement  
Refund of Contribution ITEMIZE: OVERLIM

Candidate Name

**010**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 61006.E1918

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**2500.00**

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

**2500.00**



**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 105 / 105
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
JOHN SULLIVAN FOR CONGRESS, INC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Dave Pearson	Nature of Debt (Purpose): Campaign Consultation - Disputed
Mailing Address 8587 W 76th Ave	
City State ZIP Code Arvada CO 80005-4504	

Outstanding Balance Beginning This Period	<b>Transaction ID: LS0706200410E725</b>	
12277.64		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	12277.64

1) <b>SUBTOTALS</b> This Period This Page (optional).....	12277.64
2) <b>TOTALS</b> This Period (last page this line number only).....	12277.64
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	