

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
HULSHOF FOR CONGRESS

ADDRESS (number and street) PO Box 1621
 Check if different than previously reported. (ACC)
Columbia MO 65205 1621

2. **FEC IDENTIFICATION NUMBER** C00295923
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
MO 09

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 10 01 2007 through 12 31 2007

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 John Becker

Signature of Treasurer Electronically Filed by John Becker Date 01 24 2008

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

HULSHOF FOR CONGRESS

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	123275.00	414088.24
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2540.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	123275.00	411548.24
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	84232.62	350040.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	146.18	10761.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	84086.44	339279.27
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	398009.12	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
HULSHOF FOR CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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).....

21200.00

108212.08

(ii) Unitemized.....

825.00

17704.00

(iii) TOTAL of contributions

22025.00

125916.08

from individuals..... ▶

0.00

300.00

(b) Political Party Committees.....

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

101250.00

287872.16

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

123275.00

414088.24

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.).....

146.18

10761.33

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

4121.01

14522.90

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

127542.19

439372.47

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	84232.62	350040.60
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.....	0.00	2540.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2540.00
21. OTHER DISBURSEMENTS.....	0.00	36050.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	84232.62	388630.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	354699.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	127542.19
25. SUBTOTAL (add Line 23 and Line 24).....	482241.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	84232.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	398009.12

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Rep. Kenny C. Hulshof		Candidate ID Number H4MO09046
Name of Principal Campaign Committee HULSHOF FOR CONGRESS		Committee ID Number C C00295923
Committee Address PO Box 1621		
City Columbia	State MO	ZIP 65205-1621
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	431672.47	7700.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	431672.47	7700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 92
	<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	

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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Carole A. Adams		Date of Receipt
	Mailing Address 2600 Westbrook Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
	City	State	Zip Code
	Columbia	MO	65203-5220
	FEC ID number of contributing federal political committee.		Transaction ID: AAC3C1915D2EA4E549F6
		Amount of Each Receipt this Period	<input type="text"/> 350.00
Name of Employer Information Requested		Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 350.00		
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) John F. Akscin		Date of Receipt
	Mailing Address 7617 Balson Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7
	City	State	Zip Code
	University City	MO	63130-2150
	FEC ID number of contributing federal political committee.		Transaction ID: A63AB9ACA677C4D6EA16
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer Information Requested		Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 250.00		
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Catherine L. Baird		Date of Receipt
	Mailing Address 6005 Dornagh Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7
	City	State	Zip Code
	Columbia	MO	65203-6231
	FEC ID number of contributing federal political committee.		Transaction ID: AD453C3A0051F489DA8C
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer Information Requested		Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 250.00		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 850.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 92
	<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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Hunter Bates	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 101 Constitution Ave NW Suite 900	Transaction ID: A08516965133E4D079F2
	City State Zip Code Washington DC 20001-2133	Amount of Each Receipt this Period 233.33
	FEC ID number of contributing federal political committee. C	In-kind: Space <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation C2 Group, LLC Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 233.33	

B.	Full Name (Last, First, Middle Initial) James David Baugher	Date of Receipt MM / DD / YYYY 11 / 10 / 2007
	Mailing Address 305 Bingham Rd	Transaction ID: A49978EE8B04A4F17BCA
	City State Zip Code Columbia MO 65203-3517	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation KPLA, KFRU, KBXR, KOQL Radio Station President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) Jordan M. Bernstein	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 6226 Split Creek Ln	Transaction ID: A2099B9B5EDE14DAAAF3
	City State Zip Code Alexandria VA 22312-3979	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Cassidy & Associates Vice president	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2783.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 92

(check only one)

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

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

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

Mailing Address 210 E. Ridgeley Rd

City Columbia State MO Zip Code 65203-3584

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
11 / 10 / 2007

Transaction ID: AF0FE57F9AE5644E08FF

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Vergil Cabasco

Mailing Address 23 8th St NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. C

Name of Employer Pace-Capstone Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
11 / 09 / 2007

Transaction ID: A5CAF85B8AD94496A97D

Amount of Each Receipt this Period 250.00

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

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

Mailing Address 101 Constitution Ave NW Suite 900

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. C

Name of Employer C2 Group, LLC Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 233.34

Date of Receipt MM / DD / YYYY
11 / 28 / 2007

Transaction ID: A1B7A71348BB54630933

Amount of Each Receipt this Period 233.34

In-kind:Space

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

SUBTOTAL of Receipts This Page (optional) 733.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

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

Mailing Address 101 Constitution Ave NW Suite 900

City Washington State DC Zip Code 20001-2133

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

Name of Employer C2 Group, LLC Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 233.34

Date of Receipt 11 / 28 / 2007
Transaction ID: ACF461326508B4A8ABA3
 Amount of Each Receipt this Period 233.34
 In-kind: Space
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary L Dohrmann

Mailing Address 3904 Frontenac Place

City Columbia State MO Zip Code 65203-5810

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

Name of Employer University of Missouri Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2007
Transaction ID: A012BE87A5D2545CBBAA
 Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas P Dresser, MD

Mailing Address 3904 Frontenac Place

City Columbia State MO Zip Code 65203-5810

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

Name of Employer VA Hospital Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 525.00

Date of Receipt 11 / 10 / 2007
Transaction ID: A7B7D81E6533645ABA42
 Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **733.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Linda Duffy		Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 1811 Woodrail Ave		Transaction ID: A014BBD87A5C8444F903
	City Columbia	State MO	Zip Code 65203-0934
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Stewart Enterprises, Inc.	Occupation manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) B. Manning Feraci		Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 242 Gretna Green Ct		Transaction ID: AC44B8EA53CA2492988B
	City Alexandria	State VA	Zip Code 22304-5621
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer National Bio Diesel Board	Occupation Lobbyist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

C.	Full Name (Last, First, Middle Initial) Donna Steele Flynn		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address 11645 Chapel Rd		Transaction ID: AD08DBB65BE324FED865
	City Clifton	State VA	Zip Code 20124-1907
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Ernst & Young	Occupation Lobbyist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 92
	<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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Christopher W. Hatcher		Date of Receipt
	Mailing Address 4516 N. Dittmar Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7
	City	State	Zip Code
	Arlington	VA	22207-4567
	FEC ID number of contributing federal political committee.		Transaction ID: A97BB390465A84A32948
		Amount of Each Receipt this Period	<input type="text"/> 500.00
Name of Employer Williams & Jensen, PLLC		Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 500.00		

B.	Full Name (Last, First, Middle Initial) Peter F. Herschend		Date of Receipt
	Mailing Address 538 Oak Bluff Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
	City	State	Zip Code
	Branson	MO	65616
	FEC ID number of contributing federal political committee.		Transaction ID: A274701C050A94AE9B6D
		Amount of Each Receipt this Period	<input type="text"/> 1050.00
Name of Employer Herschend Family Entnmt		Occupation owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 2100.00		

C.	Full Name (Last, First, Middle Initial) Arlene M. Jackson		Date of Receipt
	Mailing Address 211 E. 14th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7
	City	State	Zip Code
	Fulton	MO	65251-2316
	FEC ID number of contributing federal political committee.		Transaction ID: AE34D7135DB3649C58FB
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer Information Requested		Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 250.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
David C Jory

Mailing Address 4528 Macomb St NW

City Washington State DC Zip Code 20016-2753

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

Name of Employer Capitol Hill Consulting Group Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt MM / DD / YYYY
12 / 28 / 2007

Transaction ID: AF1DB74F5716D476BA47

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Jerry D. Kennett, MD

Mailing Address 1101 Canterbury Dr

City Columbia State MO Zip Code 65203

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

Name of Employer Boone Clinic Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt MM / DD / YYYY
11 / 10 / 2007

Transaction ID: A5535F319548147BCB9A

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Michele Kennett

Mailing Address 1101 Canterbury Dr

City Columbia State MO Zip Code 65203-5217

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

Name of Employer University of Missouri Hospital Occupation Clinical Research

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt MM / DD / YYYY
11 / 10 / 2007

Transaction ID: AD7ED41ABD3214E7FB83

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 92
	<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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Nelson Litterst	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 101 Constitution Ave NW Suite 900	Transaction ID: A8E4CCFB637A34A0295D
	City Washington State DC Zip Code 20001-2133	Amount of Each Receipt this Period 233.33
	FEC ID number of contributing federal political committee. C	In-kind: Space <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer C2 Group, LLC Occupation Partner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 233.33	

B.	Full Name (Last, First, Middle Initial) William Louis-Dreyfus	Date of Receipt MM / DD / YYYY 10 / 20 / 2007
	Mailing Address 200 Park Avenue	Transaction ID: AECAC64EE1EDE449A82C
	City New York State NY Zip Code 10166	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Louis-Dreyfus Corp Occupation Chairman Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Hallie Maranchick	Date of Receipt MM / DD / YYYY 10 / 20 / 2007
	Mailing Address 1413 E Abingdon Dr #1	Transaction ID: A2025871D34624456B78
	City Alexandria State VA Zip Code 22314-1164	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Pharma Tech Industries Occupation Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	1733.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James D Massie

Mailing Address 501 High St

City State Zip Code
Alexandria VA 22302-4111

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

Name of Employer Occupation
Alpine Group, Inc. Government Relations Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
10 / 29 / 2007

Transaction ID: AF2D2B7C2D1A74E54B9B

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Thomas Hewitt McElroy

Mailing Address 211 E. Ridgeley Rd

City State Zip Code
Columbia MO 65203-3583

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

Name of Employer Occupation
University of Missouri USDVA

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
11 / 10 / 2007

Transaction ID: A2130434A84C7481E8E5

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
John H. McHenry

Mailing Address 13373 N Plaza Del Rio Blvd

City State Zip Code
Peoria AZ 85381-4873

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 28 / 2007

Transaction ID: A381305E790434CF793F

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 92
	<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)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Paul J. McKee, Jr.

Mailing Address 12 Dunlora Lane

City State Zip Code
Saint Louis MO 63131

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2007

Transaction ID: A3854801AAE9A4C59BC3

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Dr. James R. Miller

Mailing Address 315 W. Swon Ave

City State Zip Code
Saint Louis MO 63119-3635

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

Name of Employer Pathology Services, Inc. Occupation Pathologist

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

750.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2007

Transaction ID: AC1769A2266954C17838

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Jeff Murray

Mailing Address 101 Constitution Ave NW Suite 900

City State Zip Code
Washington DC 20001-2133

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

Name of Employer C2 Group, LLC Occupation Partner

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

233.33

Date of Receipt
MM / DD / YYYY
11 / 28 / 2007

Transaction ID: AB722DF580FD44544A9E

Amount of Each Receipt this Period
233.33

In-kind: Space

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

SUBTOTAL of Receipts This Page (optional) ► **1733.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 92
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Dr. Michael L. Nichols	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 3910 Foxcreek Way	Transaction ID: A571A3A4400C74EFCAD2
	City State Zip Code Columbia MO 65203-8855	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Columbia Eye Consultants Physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Robert Perry	Date of Receipt MM / DD / YYYY 11 / 10 / 2007
	Mailing Address PO Box 418	Transaction ID: A57FD301A778347B3BA6
	City State Zip Code Bowling Green MO 63334-0418	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Perry Agricultural Laboratory biochemist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) David Smithee	Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address 5189 County Rd 2002	Transaction ID: A66AA1C8079C447388F1
	City State Zip Code Auxvasse MO 65231	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation retired Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Herbert L. Taylor	Date of Receipt MM / DD / YYYY 11 / 10 / 2007
	Mailing Address 103 W. Burnam Rd	Transaction ID: A5331FEEC70C54008BB3
	City State Zip Code Columbia MO 65203-3568	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Real Estate Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Herbert L. Taylor	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 103 W. Burnam Rd	Transaction ID: AFCF0DBD3F74C4514BF2
	City State Zip Code Columbia MO 65203-3568	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Real Estate Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) Timothy P. Trysla	Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 3715 Fulton St. NW	Transaction ID: A3A9B8EFC37B44148886
	City State Zip Code Washington DC 20007-1343	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Alston & Bird L.L.P. Occupation Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 92
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Richard C. White		Date of Receipt MM / DD / YYYY 10 / 20 / 2007
Mailing Address 5035 Macomb St NW		Transaction ID: A16466C0E6D434A5E880
City Washington	State DC	Zip Code 20016-2674
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Alpine Group	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Clinton F. Wofford		Date of Receipt MM / DD / YYYY 10 / 29 / 2007
Mailing Address PO Box 157		Transaction ID: AC3113EE9D598476A8CF
City Edina	State MO	Zip Code 63537-0157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Retired clergy	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	21200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 92
	<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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Abbott Laboratories Employee PAC (AEPAC)
Mailing Address 100 Abbott Park Road

City State Zip Code
Abbott Park IL 60064-3502

FEC ID number of contributing federal political committee. **C C00040279**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt **12 / 18 / 2007**
Transaction ID: A794060F7486E4B559CA
Amount of Each Receipt this Period **2000.00**

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

B. Full Name (Last, First, Middle Initial)
ACCAPAC - Air Conditioning Contractors Association
Mailing Address 2800 S Shirlington Road Suite 300

City State Zip Code
Arlington VA 22206-3607

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **12 / 31 / 2007**
Transaction ID: A31CA7343DCAA43018A5
Amount of Each Receipt this Period **1000.00**

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

C. Full Name (Last, First, Middle Initial)
ACSPA - Surgeons PAC
Mailing Address 1640 Wisconsin Avenue NW

City State Zip Code
Washington DC 20007-7715

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Date of Receipt **11 / 28 / 2007**
Transaction ID: AAEA37512837C41AF85F
Amount of Each Receipt this Period **1500.00**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 92
	<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)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
ADM PAC

Mailing Address PO Box 1470

City State Zip Code
Decatur IL 62525-1820

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 7

Transaction ID: AB268767172E04231A4A

Amount of Each Receipt this Period
3000.00

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

B.

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

Mailing Address 1932 Wynnton Road

City State Zip Code
Columbus GA 31999

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 0 7

Transaction ID: AA3B170898F10470A8BD

Amount of Each Receipt this Period
3000.00

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

C.

Full Name (Last, First, Middle Initial)
AHIP PAC - Americas Health Insurance Plans

Mailing Address 601 Pennsylvania Avenue NW
Suite 500

City State Zip Code
Washington DC 20004-2601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 7

Transaction ID: A3DF8A92B94C4467EBAF

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AmerenUE Fed PAC

Mailing Address 607 E Adams Street

City Springfield State IL Zip Code 62739-0002

FEC ID number of contributing federal political committee. **C** C00206136

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 10 / 29 / 2007
Transaction ID: A84D8A81733204429A47

Amount of Each Receipt this Period: 2500.00

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

B. Full Name (Last, First, Middle Initial)
American Bankers Association PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW

City Washington State DC Zip Code 20036-3905

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 29 / 2007
Transaction ID: A7E961090C643403E80C

Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 2400 N Street NW

City Washington State DC Zip Code 20037-1153

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 10 / 29 / 2007
Transaction ID: A41739161FDE14812BF4

Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Gas Association - GASPAC

Mailing Address 400 N Capitol Street NW

City Washington State DC Zip Code 20001-1511

FEC ID number of contributing federal political committee. **C** C00007450

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
11 / 09 / 2007

Transaction ID: AEE56F34829124098AC3

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
American Health Care Assn. PAC (AHCA PAC)

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005-4024

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 28 / 2007

Transaction ID: ABE40E07827464985AA0

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
American Occupational Therapy PAC

Mailing Address 4720 Montgomery Lane
PO Box 31220

City Bethesda State MD Zip Code 20814-5320

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2007

Transaction ID: AE370A987B5AB48AF9F3

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 92
	<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)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
AMGEN PAC

Mailing Address One Amgen Center Dr

City State Zip Code
Thousand Oaks CA 91320

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: AB6912ADCE491415F82C

Amount of Each Receipt this Period
2000.00

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

B.

Full Name (Last, First, Middle Initial)
Associated Builders & Contractors PAC - ABC/PAC

Mailing Address 4250 N. Fairfax Dr.

City State Zip Code
Arlington VA 22203-1665

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A105EBE64D77842638ED

Amount of Each Receipt this Period
2500.00

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

C.

Full Name (Last, First, Middle Initial)
Astro PAC - American Society for Therapeutic Radiology and Oncology, Inc

Mailing Address 12500 Fair Lakes Cir Ste 375

City State Zip Code
Fairfax VA 22033-3846

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: A9B779DCA0D6B4F3C9C0

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AZ PAC- Zeneca

Mailing Address 1800 Concord Pike
P O Box 15438

City State Zip Code
Wilmington DE 19850-5438

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: AF70299FC27FC457EABA

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
BASF Corporations Employees PAC

Mailing Address 100 Campus Drive

City State Zip Code
Florham Park NJ 07932

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: AD4A0D476C8D44F76B69

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
BASF Corporations Employees PAC

Mailing Address 100 Campus Drive

City State Zip Code
Florham Park NJ 07932

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A1BBC902B2AE04CAFA97

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Blue Cross and Blue Shield Association PAC (BLUEPAC)
Mailing Address 1310 G Street NW

City Washington State DC Zip Code 20005-3000

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2007

Transaction ID: AFD858F6EA9FD4E6BB37

Amount of Each Receipt this Period 2000.00

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

B. Full Name (Last, First, Middle Initial)
Build PAC of the National Association of Home Builders
Mailing Address 1201 15th Street 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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
11 / 28 / 2007

Transaction ID: AE5884750E7324650854

Amount of Each Receipt this Period 1500.00

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

C. Full Name (Last, First, Middle Initial)
College of American Pathologists PAC--PATHPAC
Mailing Address 1350 I Street NW Suite 590

City Washington State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt MM / DD / YYYY
11 / 28 / 2007

Transaction ID: A584B3956C12A4AADB12

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Comcast Corporation PAC

Mailing Address 1500 Market Street
33rd Floor East Tower

City Philadelphia State PA Zip Code 19102-2100

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 28 / 2007
Transaction ID: A4D698D1EDB314724B82

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Electrical Construction PAC

Mailing Address 3 Bethesda Metro Center Suite 1100

City Bethesda State MD Zip Code 20814-5330

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 12 / 31 / 2007
Transaction ID: A813FEB115CBA491A8EC

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address Lilly Corporate Center

City Indianapolis State IN Zip Code 46285

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2007
Transaction ID: A1024B9A4878A47358D8

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ENT PAC - American Academy of Otolaryngology

Mailing Address 1 Prince Street

City State Zip Code
Alexandria VA 22314-3354

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 7

Transaction ID: A18418334FB024A22A7C

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Federation of American Hospitals PAC

Mailing Address 801 Pennsylvania Avenue NW
Suite 245

City State Zip Code
Washington DC 20004-2697

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: AE51E1FE70194447C856

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Fmr Corp Federal Pac

Mailing Address 82 Devonshire Street
N5A

City State Zip Code
Boston MA 02109-3605

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 7

Transaction ID: A6123428706D4438914

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 92
	<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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) General Motors Corporation GMA-PAC	Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 25 Massachusetts Ave NW Suite 400	Transaction ID: ADA9FOACCA0B84432836
	City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Genworth Financial Inc PAC	Date of Receipt MM / DD / YYYY 10 / 20 / 2007
	Mailing Address 6620 W. Broad St	Transaction ID: A03E856770AA64392B93
	City Richmond State VA Zip Code 23230	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Greenberg Traurig, P.A. PAC	Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address 1221 Brickell Avenue	Transaction ID: A5C9B202512864F9A842
	City Miami State FL Zip Code 33131-3224	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Healthsouth Pac

Mailing Address One Healthsouth Pkwy

City State Zip Code
Birmingham AL 35243

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: AEC65BB53CE9848A19D5

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
HIPAC-Honeywell International

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: A470C639FE5EB47FD897

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Humana Inc Pac

Mailing Address 1775 I Street NW Suite 890

City State Zip Code
Washington DC 20006-2402

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: A8D725503017B46708C1

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 92
	(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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Independent Community Bankers PAC		Date of Receipt
	Mailing Address 1615 L St NW Suite 900		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee.		C C00032698
Name of Employer		Occupation	Transaction ID: A51B647301B87446398B Amount of Each Receipt this Period <input type="text" value="2500.00"/> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) INN PAC - Holiday Inns		Date of Receipt
	Mailing Address Three Ravinia Drive Suite 2900		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Atlanta	GA	30346-2143
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer		Occupation	Transaction ID: A64B76B11F42C4BF9B1B Amount of Each Receipt this Period <input type="text" value="1000.00"/> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) International Association of Fire Fighters (FirePac)		Date of Receipt
	Mailing Address 1750 New York Ave, NW		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Washington	DC	20006-5305
	FEC ID number of contributing federal political committee.		C C00029447
Name of Employer		Occupation	Transaction ID: A274CFE5ABE584B89B8A Amount of Each Receipt this Period <input type="text" value="1000.00"/> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 32 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Investment Company Institute Pac, ICI PAC

Mailing Address 1401 H Street NW
Suite 1200

City Washington State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4250.00

Date of Receipt 11 / 09 / 2007
Transaction ID: AC5B575A8C7144CE9925
 Amount of Each Receipt this Period 1250.00

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

B. Full Name (Last, First, Middle Initial)
Investment Company Institute Pac, ICI PAC

Mailing Address 1401 H Street NW
Suite 1200

City Washington State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4250.00

Date of Receipt 11 / 09 / 2007
Transaction ID: A74899DE270914DC0908
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Johnson & Johnson JJPAC - Employees Good Government Fund

Mailing Address One Johnson & Johnson Plaza

City New Brunswick State NJ Zip Code 08933-7204

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 09 / 2007
Transaction ID: A7C3ACE0EB61243F890C
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KCPL Power PAC - Kansas City Power & Light

Mailing Address PO Box 418679

City State Zip Code
Kansas City MO 64141-9679

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A41008305402D40EF840

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Kraft Foods, Inc, PAC

Mailing Address 3 Lakes Drive

City State Zip Code
Northfield IL 60093-2753

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: A047276A92D7A4E8A948

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Massachusetts Mutual Life Ins. PAC

Mailing Address 1295 State Street

City State Zip Code
Springfield MA 01111-0001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: AC990E67E814E47688C4

Amount of Each Receipt this Period
1000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 92

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Medtronic Medical Technology Fund

Mailing Address 1420 New York Avenue NW
Suite 600

City State Zip Code
Washington DC 20005-6203

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: A188BEAEE482341B3B34

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Merck Employees PAC

Mailing Address 601 Pennsylvania Avenue NW
North Building Suite 1200

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: A1CE7907972124E1E932

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Merck Employees PAC

Mailing Address 601 Pennsylvania Avenue NW
North Building Suite 1200

City State Zip Code
Washington DC 20004-2601

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: ABCEA433009784675A8D

Amount of Each Receipt this Period

1500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Metlife Inc. Employees Political Participations Fund A

Mailing Address 1620 L Street NW
Suite 800

City Washington State DC Zip Code 20036-5629

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 31 / 2007
Transaction ID: A9CD3F64D2A824FB4A16
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Minn-Dak Farmers Cooperative PAC

Mailing Address 7525 Red River Road

City Wahpeton State ND Zip Code 58075-9705

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2007
Transaction ID: AC5DD0327C01B4F1280D
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
NADR Pac

Mailing Address 1901 Pennsylvania Ave NW Suite 607

City Washington State DC Zip Code 20006-3405

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2007
Transaction ID: AC1A2BFE7F0F84C578E2
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

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

Mailing Address P O Box 20865

City State Zip Code
Indianapolis IN 46220-0865

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: A4B581A82123E4F0D830

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Assn. of Postmasters US PAC NAPUS

Mailing Address 8 Herbert Street

City State Zip Code
Alexandria VA 22305-2628

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: A6EBD6D1B9145451DA90

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
National Association of Plumbing & Heating Cooling PAC-PHCC

Mailing Address 180 S Washington Street

City State Zip Code
Falls Church VA 22046-2900

FEC ID number of contributing federal political committee. **C** C00157875

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: A05AC2C3ABF204C1DAD8

Amount of Each Receipt this Period
1250.00

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

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association Pac

Mailing Address 1101 King St
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00141036

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
12 / 14 / 2007

Transaction ID: A24EA266DE5854F29AE3

Amount of Each Receipt this Period 1500.00

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

B. Full Name (Last, First, Middle Initial)
National Federation of Independent Business (NFIB) Safe Trust

Mailing Address 1201 F Street NW
Suite 200

City Washington State DC Zip Code 20004-1221

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
10 / 29 / 2007

Transaction ID: AA95F29E8CDC6455B981

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
National Federation of Independent Business (NFIB) Safe Trust

Mailing Address 1201 F Street NW
Suite 200

City Washington State DC Zip Code 20004-1221

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt MM / DD / YYYY
11 / 09 / 2007

Transaction ID: A022641B561B74B5D906

Amount of Each Receipt this Period 1250.00

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

SUBTOTAL of Receipts This Page (optional) ► 3750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Ready Mixed Concrete Association PAC

Mailing Address 900 Spring Street

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 8 / 2 0 0 7

Transaction ID: AB5C05FF629BC4BD9BF2

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
National Rifle Assoc of America Political Victory Fund (NRA-PVF)

Mailing Address 11250 Waples Mill Rd

City State Zip Code
Fairfax VA 22030-7400

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 8 / 2 0 0 7

Transaction ID: A90649214234841E2A03

Amount of Each Receipt this Period
1250.00

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

C. Full Name (Last, First, Middle Initial)
National Roofing Contractors Association PAC

Mailing Address 10255 W Higgins Road
Suite 600

City State Zip Code
Rosemont IL 60018-5613

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 8 / 2 0 0 7

Transaction ID: ABF30F596BAEB4FC1952

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4250.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Structured Settlements PAC
Mailing Address 1800 K Street NW Suite 718
City Washington State DC Zip Code 20006-2202
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 12 / 28 / 2007
Transaction ID: AC932AC2F6BA84293BF7
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Neurosurgery PAC
Mailing Address 725 15th St NW Suite 500
City Washington State DC Zip Code 20005-2152
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt 11 / 28 / 2007
Transaction ID: A9D133E312A53401D913
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
New York Life PAC
Mailing Address 1501 K Street NW Suite 575
City Washington State DC Zip Code 20005-1413
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 10 / 20 / 2007
Transaction ID: AED5A3538AF59486BAEA
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
New York Life PAC

Mailing Address 1501 K Street NW
Suite 575

City Washington State DC Zip Code 20005-1413

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: A34DE20AAC1C44974978
 Amount of Each Receipt this Period: 3000.00

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

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

Mailing Address 235 E 42nd Street
28th Floor

City New York State NY Zip Code 10017-5703

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: A6A2C07796C2C448AAA8
 Amount of Each Receipt this Period: 2500.00

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

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

Mailing Address 1301 K Street NW
Suite 800 West

City Washington State DC Zip Code 20005-3317

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt: 10 / 29 / 2007
Transaction ID: AED63FC91F35D4F3F9FD
 Amount of Each Receipt this Period: 1250.00

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

SUBTOTAL of Receipts This Page (optional) ► **6750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 92
	<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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Raytheon Political Action Committee	Date of Receipt MM / DD / YYYY 11 / 09 / 2007
	Mailing Address 1100 Wilson Boulevard Suite 1500	Transaction ID: ABBA129E0EA2D4428816
	City Arlington State VA Zip Code 22209-2270	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00

B.	Full Name (Last, First, Middle Initial) REHABCARE Group, Inc PAC	Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 7733 Forsyth Boulevard Suite 2300	Transaction ID: AEE21429B2F5640C3B9A
	City Saint Louis State MO Zip Code 63105-1806	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00

C.	Full Name (Last, First, Middle Initial) REITPAC (Real Estate Investment Trusts)	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 1875 Eye Street, NW, Suite 600	Transaction ID: A083CEA2E442A4B8B8FF
	City Washington State DC Zip Code 20006-5413	Amount of Each Receipt this Period 4000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

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

Mailing Address 300 Somerset Corporate Blvd

City State Zip Code
Bridgewater NJ 08807-2854

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A75B7EF7A8FEB4A07930

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
The GlaxoSmithKline PAC

Mailing Address Five Moore Drive

City State Zip Code
Research Triangle NC 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: A56520A3C4E6B4EEC8B0

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
United Parcel Service PAC - UPS PAC

Mailing Address 55 Glenlake Parkway 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: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: A0E66C06151F74017B01

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
US Oncology, Inc. Good Government Committee

Mailing Address 16825 Northchase Dr Suite 1300

City State Zip Code
Houston TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	7

Transaction ID: AF66D5295365745979D6

Amount of Each Receipt this Period
1250.00

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

B. Full Name (Last, First, Middle Initial)
US Oncology, Inc. Good Government Committee

Mailing Address 16825 Northchase Dr Suite 1300

City State Zip Code
Houston TX 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: A2F4979E085384BBD806

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Verizon Communications, Inc PAC

Mailing Address 1717 Arch Street Suite 1200

City State Zip Code
Philadelphia PA 19103-2713

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: A4BA0F532E6174D4C855

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Walmart Stores Inc, PAC
Mailing Address 702 SW 8th Street
City Bentonville State AR Zip Code 72716-0150
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt: 10 / 20 / 2007
Transaction ID: A0194FCD53DE84C6EA90
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Wellcare Pac
Mailing Address 8735 Henderson Road, Ren 2
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt: 10 / 29 / 2007
Transaction ID: A528C1080E880473CAA7
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wellpoint, Inc. WELLPAC
Mailing Address 120 Monument Circle
City Indianapolis State IN Zip Code 46204-4906
FEC ID number of contributing federal political committee. **C** C00342022
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5000.00
Date of Receipt: 12 / 31 / 2007
Transaction ID: AA140659C130140AB971
Amount of Each Receipt this Period: 2000.00
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 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)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Wine & Spirits Wholesalers of Am. PAC

Mailing Address 805 15th St NW
Suite 430

City State Zip Code
Washington DC 20005-2273

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: A0402679140814F5E9DE

Amount of Each Receipt this Period
1250.00

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)	▶	101250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 46 / 92	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Advanta Bank		Date of Receipt
Mailing Address P O Box 30715		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City	State	Zip Code
Salt Lake City	UT	84130-0715
FEC ID number of contributing federal political committee.		Transaction ID: ACFDE7F9A76E943629AE
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="63.09"/>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="258.36"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="63.09"/>
TOTAL This Period (last page this line number only)	<input type="text" value="63.09"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 92
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Bank of Missouri

Mailing Address 3610 Buttonwood Drive

City Columbia State MO Zip Code 65201-3721

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1359.07

Date of Receipt: 11 / 30 / 2007
Transaction ID: A0C2E5EE407974B39B67
 Amount of Each Receipt this Period: 68.01

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

B.

Full Name (Last, First, Middle Initial)
Bank of Missouri

Mailing Address 3610 Buttonwood Drive

City Columbia State MO Zip Code 65201-3721

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1291.06

Date of Receipt: 10 / 31 / 2007
Transaction ID: A1D925756596740A594C
 Amount of Each Receipt this Period: 78.00

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

C.

Full Name (Last, First, Middle Initial)
Bank of Missouri

Mailing Address 3610 Buttonwood Drive

City Columbia State MO Zip Code 65201-3721

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1420.28

Date of Receipt: 12 / 31 / 2007
Transaction ID: AC06A4ED50BC748A08D4
 Amount of Each Receipt this Period: 61.21

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

SUBTOTAL of Receipts This Page (optional) ► **207.22**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 92
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Premier Bank

Mailing Address 15 South 5th Street

City Columbia State MO Zip Code 65201-4228

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 11841.65

Date of Receipt: 11 / 30 / 2007
Transaction ID: A88632B170F2D44958EB

Amount of Each Receipt this Period: 15.74

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

B.

Full Name (Last, First, Middle Initial)
Premier Bank

Mailing Address 15 South 5th Street

City Columbia State MO Zip Code 65201-4228

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 13095.17

Date of Receipt: 12 / 31 / 2007
Transaction ID: AB0EC3F35789B4853A55

Amount of Each Receipt this Period: 625.83

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

C.

Full Name (Last, First, Middle Initial)
Premier Bank

Mailing Address 15 South 5th Street

City Columbia State MO Zip Code 65201-4228

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 11841.65

Date of Receipt: 11 / 30 / 2007
Transaction ID: AD6A4349829464B26B34

Amount of Each Receipt this Period: 657.68

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

SUBTOTAL of Receipts This Page (optional) ► **1299.25**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 92
(check only one)

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

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Premier Bank		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 15 South 5th Street		Transaction ID: ADED8F6F71F23464B925
City Columbia	State MO	Zip Code 65201-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.56
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10520.80	

B.

Full Name (Last, First, Middle Initial) Premier Bank		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 15 South 5th Street		Transaction ID: A6F27AD5CA5C84644B26
City Columbia	State MO	Zip Code 65201-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 610.60
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 13095.17	

C.

Full Name (Last, First, Middle Initial) Premier Bank		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 15 South 5th Street		Transaction ID: A8A9C0A0F7288402B938
City Columbia	State MO	Zip Code 65201-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 569.56
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10520.80	

SUBTOTAL of Receipts This Page (optional)	1199.72
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 92
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" 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)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Premier Bank		Date of Receipt MM / DD / YYYY 11 / 30 / 2007
Mailing Address 15 South 5th Street		Transaction ID: A3C821EB231AB425F918
City Columbia	State MO	Zip Code 65201-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 647.43
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11841.65	

B.

Full Name (Last, First, Middle Initial) Premier Bank		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 15 South 5th Street		Transaction ID: A4D654AB7AAAC4F528B0
City Columbia	State MO	Zip Code 65201-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.30
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10520.80	

C.

Full Name (Last, First, Middle Initial) Premier Bank		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 15 South 5th Street		Transaction ID: AD969BB52EDC344AFA24
City Columbia	State MO	Zip Code 65201-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.09
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 13095.17	

SUBTOTAL of Receipts This Page (optional)	1414.82
TOTAL This Period (last page this line number only)	4121.01

**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

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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Advanta Bank Mailing Address P O Box 30715 City Salt Lake City State UT Zip Code 84130-0715 Purpose of Disbursement See Memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2518F9FDBB7D44D0A0D Date of Disbursement 11 / 16 / 2007 Amount of Each Disbursement this Period 2800.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Advanta Bank Mailing Address P O Box 30715 City Salt Lake City State UT Zip Code 84130-0715 Purpose of Disbursement See Memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF3F752C5AD9E4422A48 Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 2069.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Advanta Bank Mailing Address P O Box 30715 City Salt Lake City State UT Zip Code 84130-0715 Purpose of Disbursement See Memo Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B863ACBA7E9A04A768D0 Date of Disbursement 10 / 22 / 2007 Amount of Each Disbursement this Period 1439.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6309.69

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

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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial) American Airlines <hr/> Mailing Address P O Box 619618 <hr/> City Dallas State TX Zip Code 75261 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFF0CB89D05414B198BE Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	1	/	2	0	7	7
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	1	/	2	1	/	2	0	7	7											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>322.80</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	322.80																			
322.80																					
B. Full Name (Last, First, Middle Initial) American Airlines <hr/> Mailing Address P O Box 619618 <hr/> City Dallas State TX Zip Code 75261 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDB126E38AB994391B50 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	1	/	2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	1	/	2	0	7	7												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>322.80</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	322.80																				
322.80																					
C. Full Name (Last, First, Middle Initial) American Airlines <hr/> Mailing Address P O Box 619618 <hr/> City Dallas State TX Zip Code 75261 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEAF9D2EF07284502869 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	1	/	2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	2	1	/	2	0	7	7												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>322.80</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	322.80																				
322.80																					

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

PAGE 53 / 92

<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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial) American Dental PAC <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Entertainment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB958ADFFB10E4F18934 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period 2750.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
B. Full Name (Last, First, Middle Initial) Aristotle <hr/> Mailing Address 205 Pennsylvania Avenue SE <hr/> City State Zip Code Washington DC 20003-1164 <hr/> Purpose of Disbursement Web Site Donation Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4BE17A1BA31A4E21BAB Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period 17.75
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
C. Full Name (Last, First, Middle Initial) AT&T Broadband <hr/> Mailing Address 2109 W Worley St <hr/> City State Zip Code Columbia MO 65203 <hr/> Purpose of Disbursement cell phone & air cards Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B99A5C6CB723243CFAC1 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7
	Amount of Each Disbursement this Period 630.85
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3398.60

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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial) AT&T Broadband <hr/> Mailing Address 2109 W Worley St <hr/> City Columbia State MO Zip Code 65203 <hr/> Purpose of Disbursement cell phone & air cards Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDED062A25D704472B5A Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 7
	Amount of Each Disbursement this Period 578.54
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
B. Full Name (Last, First, Middle Initial) AT&T Broadband <hr/> Mailing Address 2109 W Worley St <hr/> City Columbia State MO Zip Code 65203 <hr/> Purpose of Disbursement cell phone & air cards Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1179D92115DA44C9969 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 7
	Amount of Each Disbursement this Period 557.52
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
C. Full Name (Last, First, Middle Initial) AT&T Broadband <hr/> Mailing Address 2109 W Worley St <hr/> City Columbia State MO Zip Code 65203 <hr/> Purpose of Disbursement cell phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B340B8E574C994B3FA2A Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7
	Amount of Each Disbursement this Period 322.64
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1136.06

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Boone Accounting & Tax Service</p> <p>Mailing Address 903 Old 63 N Suite C</p> <p>City Columbia State MO Zip Code 65201-6392</p> <p>Purpose of Disbursement Accounting Services</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0C5EE9280CBE49169DF</p> <p>Date of Disbursement 10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Boone Accounting & Tax Service</p> <p>Mailing Address 903 Old 63 N Suite C</p> <p>City Columbia State MO Zip Code 65201-6392</p> <p>Purpose of Disbursement Accounting Services</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B53D17796BF8947A6A9E</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Boone Accounting & Tax Service</p> <p>Mailing Address 903 Old 63 N Suite C</p> <p>City Columbia State MO Zip Code 65201-6392</p> <p>Purpose of Disbursement Accounting Services</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6F04C110E5A147EFB2A</p> <p>Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Christmas Fund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B8D026B19EEB040159B6</p> <p>Date of Disbursement 10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BBCBF4027D3B24EF2955</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 6.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B6B22D82A8DC7424EB24</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 23.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

79.85

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) CenturyTel Telephone Service</p> <p>Mailing Address PO Box 4300</p> <p>City Carol Stream State IL Zip Code 60197-4300</p> <p>Purpose of Disbursement Telephone Service</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB1B9FB7B0159437F8D5</p> <p>Date of Disbursement 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 102.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) CenturyTel Telephone Service</p> <p>Mailing Address PO Box 4300</p> <p>City Carol Stream State IL Zip Code 60197-4300</p> <p>Purpose of Disbursement Telephone Service</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB5A0B7363F004CAD870</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 101.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) CenturyTel Telephone Service</p> <p>Mailing Address PO Box 4300</p> <p>City Carol Stream State IL Zip Code 60197-4300</p> <p>Purpose of Disbursement Telephone Service</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1BAD96778C3E4368A95</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 102.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>306.51</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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 58 / 92

<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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CenturyTel Telephone Service <hr/> Mailing Address PO Box 4300 <hr/> City State Zip Code Carol Stream IL 60197-4300 <hr/> Purpose of Disbursement Telephone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B85BD759952964801A47 Date of Disbursement 12 / 31 / 2007 <hr/> Amount of Each Disbursement this Period 103.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Columbia Rotary Club - South <hr/> Mailing Address 2010 Parkside Drive <hr/> City State Zip Code Columbia MO 65202 <hr/> Purpose of Disbursement Void Check Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC1F804778FD448FDBDE Date of Disbursement 11 / 28 / 2007 <hr/> Amount of Each Disbursement this Period 0.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Columbia Rotary Club - South <hr/> Mailing Address 2010 Parkside Drive <hr/> City State Zip Code Columbia MO 65202 <hr/> Purpose of Disbursement Membership Dues Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE02A259E9C6C43E785A Date of Disbursement 12 / 31 / 2007 <hr/> Amount of Each Disbursement this Period 135.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

238.19

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Columbia Rotary Club - South</p> <p>Mailing Address 2010 Parkside Drive</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Membership Dues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD0FA9C35C74A4990B3E</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 105.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Congressional Liquors Catering</p> <p>Mailing Address 404 1st Street Southeast</p> <p>City Washington State DC Zip Code 20003-1826</p> <p>Purpose of Disbursement beverages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6544F3555CD54719930</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 38.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Conservative Publishing Company of Eastern Missouri</p> <p>Mailing Address 1918 Gallaher Avenue</p> <p>City Saint Charles State MO Zip Code 63301-4720</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B70D8651E23A34E3B934</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 792.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>792.30</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Federal Express (FedEx) Mailing Address Burlington Avenue City Columbia State MO Zip Code 65201 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1A517DD760744BA1909 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 39.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Federal Express (FedEx) Mailing Address Burlington Avenue City Columbia State MO Zip Code 65201 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8A090AADE88A4861B5E Date of Disbursement 11 / 15 / 2007 Amount of Each Disbursement this Period 75.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Federal Express (FedEx) Mailing Address Burlington Avenue City Columbia State MO Zip Code 65201 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B08DB418B6E2D4D0F8BD Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 39.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

154.84

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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Greenwing Development Inc	Transaction ID: BC62439C33D1D437F85A
	Mailing Address 1119 Wilkes Boulevard	Date of Disbursement 10 / 05 / 2007
	City Columbia State MO Zip Code 65201-4764	Amount of Each Disbursement this Period 800.00
	Purpose of Disbursement Rent - October Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Greenwing Development Inc	Transaction ID: BE0F53DAD789E42EF9FD
	Mailing Address 1119 Wilkes Boulevard	Date of Disbursement 10 / 05 / 2007
	City Columbia State MO Zip Code 65201-4764	Amount of Each Disbursement this Period 89.57
	Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Greenwing Development Inc	Transaction ID: B34A26B6D8A8C4B7884D
	Mailing Address 1119 Wilkes Boulevard	Date of Disbursement 11 / 05 / 2007
	City Columbia State MO Zip Code 65201-4764	Amount of Each Disbursement this Period 800.00
	Purpose of Disbursement Rent - November Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1689.57

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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Greenwing Development Inc Mailing Address 1119 Wilkes Boulevard City Columbia State MO Zip Code 65201-4764 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE407A2FA96504AE6923 Date of Disbursement 11 / 05 / 2007 Amount of Each Disbursement this Period 73.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Greenwing Development Inc Mailing Address 1119 Wilkes Boulevard City Columbia State MO Zip Code 65201-4764 Purpose of Disbursement Rent - December Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF3E3C198FE6F4886A22 Date of Disbursement 12 / 05 / 2007 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
C.	Full Name (Last, First, Middle Initial) Hilton Hotel Mailing Address At the Ball Park One Broadway City Saint Louis State MO Zip Code 63102 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B54C2630872AA486FADE Date of Disbursement 11 / 07 / 2007 Amount of Each Disbursement this Period 170.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

873.23

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Hilton Hotel</p> <p>Mailing Address At the Ball Park One Broadway</p> <p>City Saint Louis State MO Zip Code 63102</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC3F8B1FD528F41F3B36</p> <p>Date of Disbursement 11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 352.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Image Technologies</p> <p>Mailing Address Business Loop 70</p> <p>City Columbia State MO Zip Code 65203</p> <p>Purpose of Disbursement Copier Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B91B5C7C235C94FA1BC2</p> <p>Date of Disbursement 11 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 648.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Image Technologies</p> <p>Mailing Address Business Loop 70</p> <p>City Columbia State MO Zip Code 65203</p> <p>Purpose of Disbursement Copier Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B88999171956548029DC</p> <p>Date of Disbursement 11 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 48.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

696.92

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Knights of Columbus</p> <p>Mailing Address 2525 N Stadium Blvd</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Void check written on 7-20-2007</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9191E876C48A4A09A12</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period -150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Longhorn Steakhouse</p> <p>Mailing Address 3545 Missouri Blvd</p> <p>City Jefferson City State MO Zip Code 65109</p> <p>Purpose of Disbursement Food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA38E7D52A9874140A9F</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 26.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) MediaCom</p> <p>Mailing Address 901 N. College Ave.</p> <p>City Columbia State MO Zip Code 65201-4752</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAF14269C901D4D95A45</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 79.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-70.05

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)

PAGE 65 / 92

<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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) MediaCom Mailing Address 901 N. College Ave. City Columbia State MO Zip Code 65201-4752 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B62334D58CD1842EE9E8 Date of Disbursement 11 / 28 / 2007 Amount of Each Disbursement this Period 79.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) MediaCom Mailing Address 901 N. College Ave. City Columbia State MO Zip Code 65201-4752 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B5FF8C1C13F3243EAAD1 Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 79.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mid America Wireless Mailing Address 21 Conley Rd Suite M City Columbia State MO Zip Code 65201 Purpose of Disbursement Equipment - Cell Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: BE75C152BEBB34D86801 Date of Disbursement 09 / 25 / 2007 Amount of Each Disbursement this Period 199.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	159.90
TOTAL 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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Midwest Mailing Service <hr/> Mailing Address PO Box 723 <hr/> City Columbia State MO Zip Code 65205-0723 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC592728E7B8E441FA1A Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	5	/	2	0	7	7
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	0	/	1	5	/	2	0	7	7											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>75.44</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	75.44																			
75.44																					
Category/ Type																					
B. Full Name (Last, First, Middle Initial) Midwest Mailing Service <hr/> Mailing Address PO Box 723 <hr/> City Columbia State MO Zip Code 65205-0723 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B702845A0173743BFBA0 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	7	7
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	0	/	2	6	/	2	0	7	7											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>29.52</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	29.52																			
29.52																					
Category/ Type																					
C. Full Name (Last, First, Middle Initial) Midwest Mailing Service <hr/> Mailing Address PO Box 723 <hr/> City Columbia State MO Zip Code 65205-0723 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B496461E1CA364DF6B80 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	7	7
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	0	/	2	6	/	2	0	7	7											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>156.60</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	156.60																			
156.60																					
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional) ▶

261.56

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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Midwest Mailing Service <hr/> Mailing Address PO Box 723 <hr/> City Columbia State MO Zip Code 65205-0723 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B23A86AF0385B4C2F8F8 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 7
	Amount of Each Disbursement this Period 19.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
	Category/Type
B. Full Name (Last, First, Middle Initial) Midwest Mailing Service <hr/> Mailing Address PO Box 723 <hr/> City Columbia State MO Zip Code 65205-0723 <hr/> Purpose of Disbursement Mail Processing and Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0CD4363871434F95BD7 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 7
	Amount of Each Disbursement this Period 3259.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
	Category/Type
C. Full Name (Last, First, Middle Initial) Missouri Department of Revenue <hr/> Mailing Address PO Box 3305 <hr/> City Jefferson City State MO Zip Code 65105-3330 <hr/> Purpose of Disbursement 2007 4th Qtr State Withholding Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B84FA9AA337764B72A3A Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period 745.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

4024.58

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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) New Media Communications Mailing Address 3046 Brecksville Rd. City Richfield State OH Zip Code 44280 Purpose of Disbursement Website Hosting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3FB6508D82A94560910 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) New Media Communications Mailing Address 3046 Brecksville Rd. City Richfield State OH Zip Code 44280 Purpose of Disbursement Website Hosting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB275DEECB1D9485D9FA Date of Disbursement 11 / 16 / 2007 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) New Media Communications Mailing Address 3046 Brecksville Rd. City Richfield State OH Zip Code 44280 Purpose of Disbursement Website Hosting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6963C9B2C7D54819B02 Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 101 S Providence Road City Columbia State MO Zip Code 65203-4263 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: BAA086504531C457BB1E Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
	Amount of Each Disbursement this Period 69.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 101 S Providence Road City Columbia State MO Zip Code 65203-4263 Purpose of Disbursement Fund Raising Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B5D011508B61E4C06BFE Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 58.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Premier Bank Mailing Address 15 South 5th Street City Columbia State MO Zip Code 65201-4228 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B817887B077CA42A2850 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period 89.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

89.74

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)
HULSHOF FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Premier Bank</p> <p>Mailing Address 15 South 5th Street</p> <p>City Columbia State MO Zip Code 65201-4228</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B99ACA2F83ED141EA9BE</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 31.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Premier Bank</p> <p>Mailing Address 15 South 5th Street</p> <p>City Columbia State MO Zip Code 65201-4228</p> <p>Purpose of Disbursement Federal Withholding Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9B6E64FFF9994B10915</p> <p>Date of Disbursement 11 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 2144.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Premier Bank</p> <p>Mailing Address 15 South 5th Street</p> <p>City Columbia State MO Zip Code 65201-4228</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4744642D4FDB48CE8EF</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period -13.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2161.76

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

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**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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Premier Bank</p> <p>Mailing Address 15 South 5th Street</p> <p>City Columbia State MO Zip Code 65201-4228</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8400AA8A95424F19B84</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 28.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Premier Bank</p> <p>Mailing Address 15 South 5th Street</p> <p>City Columbia State MO Zip Code 65201-4228</p> <p>Purpose of Disbursement Federal Withholding Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC607D50FE5F54F79AB2</p> <p>Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1565.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Premier Bank</p> <p>Mailing Address 15 South 5th Street</p> <p>City Columbia State MO Zip Code 65201-4228</p> <p>Purpose of Disbursement Bank Service Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B35D5DAAA88214213B99</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 28.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1622.10

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)

PAGE 72 / 92

<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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Premier Bank Mailing Address 15 South 5th Street City Columbia State MO Zip Code 65201-4228 Purpose of Disbursement FUTA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC72E20A71294436E843 Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period 168.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Premier Bank Mailing Address 15 South 5th Street City Columbia State MO Zip Code 65201-4228 Purpose of Disbursement Federal Withholding Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B44CB76F196A94B0C86D Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period 2039.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Premier Bank Mailing Address 15 South 5th Street City Columbia State MO Zip Code 65201-4228 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFE38827F012945F0B62 Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period 11.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2219.05

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Sam's Club</p> <p>Mailing Address 101 Conley Road</p> <p>City Columbia State MO Zip Code 65201-6465</p> <p>Purpose of Disbursement Membership Fees & Fund Raising Food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B404652DE67C844A7919</p> <p>Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 594.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Sam's Club</p> <p>Mailing Address 101 Conley Road</p> <p>City Columbia State MO Zip Code 65201-6465</p> <p>Purpose of Disbursement Membership Fees & Misc</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8ECE8D6E92A6420F89F</p> <p>Date of Disbursement 12 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 42.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Signs Now</p> <p>Mailing Address 608A Business Loop 70 W</p> <p>City Columbia State MO Zip Code 65203</p> <p>Purpose of Disbursement Fund Raising Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0F6E463408DC4972AF2</p> <p>Date of Disbursement 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 732.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

637.35

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Sprint Cell Phone Service (Acct. 0071795539-9)</p> <p>Mailing Address P O Box 219554</p> <p>City Kansas City State MO Zip Code 64121-9554</p> <p>Purpose of Disbursement Cell Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B94A6EDB95BA14B6BA36</p> <p>Date of Disbursement 10 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 56.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Sprint Cell Phone Service (Acct. 0071795539-9)</p> <p>Mailing Address P O Box 219554</p> <p>City Kansas City State MO Zip Code 64121-9554</p> <p>Purpose of Disbursement Cell Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA223A6FFA22F48E9809</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 54.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Sprint Cell Phone Service (Acct. 0071795539-9)</p> <p>Mailing Address P O Box 219554</p> <p>City Kansas City State MO Zip Code 64121-9554</p> <p>Purpose of Disbursement Cell Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B48FA1437F5854DACB74</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 55.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

167.42

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)

PAGE 75 / 92

<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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Sprint Long Distance (Acct. 923242457) <hr/> Mailing Address PO Box 152043 <hr/> City Irving State TX Zip Code 75015-2043 <hr/> Purpose of Disbursement Long Distance Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBB0E60BD2F524AEE869 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7
	Amount of Each Disbursement this Period 31.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Sprint Long Distance (Acct. 923242457) <hr/> Mailing Address PO Box 152043 <hr/> City Irving State TX Zip Code 75015-2043 <hr/> Purpose of Disbursement Long Distance Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B76849806E1B04390BE6 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
	Amount of Each Disbursement this Period 21.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Sprint Long Distance (Acct. 923242457) <hr/> Mailing Address PO Box 152043 <hr/> City Irving State TX Zip Code 75015-2043 <hr/> Purpose of Disbursement Long Distance Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8E0BA5A3AA654B09974 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 7
	Amount of Each Disbursement this Period 24.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

77.98

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Sprint Long Distance (Acct. 923242457)</p> <p>Mailing Address PO Box 152043</p> <p>City Irving State TX Zip Code 75015-2043</p> <p>Purpose of Disbursement Long Distance Service</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6483FC4D4A7142289A0</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 24.93</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 615 S Bishop</p> <p>City Rolla State MO Zip Code 65401</p> <p>Purpose of Disbursement Office Supplies</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2BC3D30411B4450D94B</p> <p>Date of Disbursement 10 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 176.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 615 S Bishop</p> <p>City Rolla State MO Zip Code 65401</p> <p>Purpose of Disbursement Office Supplies</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0DDBFD16BD174517B13</p> <p>Date of Disbursement 09 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 63.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

24.93

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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Star Catering Mailing Address 2002 Mount Vernon Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9C15BABC644B4061AB9 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 637.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Sylvester Management Mailing Address 7522 Irmo Drive Suite 1 City Columbia State SC Zip Code 29212-8640 Purpose of Disbursement FEC Conference Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7FDDBBA505794D91838 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Sylvester Management Mailing Address 7522 Irmo Drive Suite 1 City Columbia State SC Zip Code 29212-8640 Purpose of Disbursement FEC Conference Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5294D2D68EA24BB0B95 Date of Disbursement 10 / 11 / 2007 Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

Use separate schedule(s)
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(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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) The Levatino Group Mailing Address 2501 Wisconsin Ave NW #304 City Washington State DC Zip Code 20007 Purpose of Disbursement Fund Raising Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B612F9703142941318CC Date of Disbursement 11 / 16 / 2007 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) The Levatino Group Mailing Address 2501 Wisconsin Ave NW #304 City Washington State DC Zip Code 20007 Purpose of Disbursement Fundraising Dinners, Shipping, Fax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B7FFB392234BD4CCE993 Date of Disbursement 11 / 16 / 2007 Amount of Each Disbursement this Period 6542.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) The Levatino Group Mailing Address 2501 Wisconsin Ave NW #304 City Washington State DC Zip Code 20007 Purpose of Disbursement Fundraising Dinners, Shipping, Fax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B3D0A53F5B0E74D3CB32 Date of Disbursement 11 / 16 / 2007 Amount of Each Disbursement this Period 11932.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

18975.24

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) The Levatino Group Mailing Address 2501 Wisconsin Ave NW #304 City Washington State DC Zip Code 20007 Purpose of Disbursement Fundraising Dinners, Shipping, Fax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD2741D5838984EC3BB1 Date of Disbursement 12 / 20 / 2007 Amount of Each Disbursement this Period 2733.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) The Levatino Group Mailing Address 2501 Wisconsin Ave NW #304 City Washington State DC Zip Code 20007 Purpose of Disbursement Fund Raising Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B88E5A5BA005A4BAE86A Date of Disbursement 12 / 20 / 2007 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) U.S. Postmaster (USPS) Mailing Address Street Address not Available City Saint James State MO Zip Code 65559-9998 Purpose of Disbursement Stamps Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA4E06C767BC649A68D4 Date of Disbursement 10 / 05 / 2007 Amount of Each Disbursement this Period 41.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3024.61

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Vangel Associates</p> <p>Mailing Address 501 Cherry Street</p> <p>City Columbia State MO Zip Code 65201-4210</p> <p>Purpose of Disbursement Design & Production of Christmas Cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B51F8395F61AD4FA08D7</p> <p>Date of Disbursement 12 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 5987.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Christopher J. Baker</p> <p>Mailing Address 8461 N. Rt E.</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC714F3960E7C4A129CD</p> <p>Date of Disbursement 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1992.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Christopher J. Baker</p> <p>Mailing Address 8461 N. Rt E.</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B35F5EA4A44AA43A9BA6</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 1992.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9972.48

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Christopher J. Baker</p> <p>Mailing Address 8461 N. Rt E.</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Salary</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B771922AD1DEB4E58914</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1992.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Christopher J. Baker</p> <p>Mailing Address 8461 N. Rt E.</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Salary</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B104A9AA7CD494F6C870</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1992.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Christopher J. Baker</p> <p>Mailing Address 8461 N. Rt E.</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Travel</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B624A125F046D4F68B94</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 371.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4356.87

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Christopher J. Baker</p> <p>Mailing Address 8461 N. Rt E.</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBAB31BBDD00F44589F8</p> <p>Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1632.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Christopher J. Baker</p> <p>Mailing Address 8461 N. Rt E.</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B849E7951606146F3A4A</p> <p>Date of Disbursement 12 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 1992.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Christopher J. Baker</p> <p>Mailing Address 8461 N. Rt E.</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC1A7312EDB3F4D3B803</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 1992.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5617.69

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Christopher J. Baker</p> <p>Mailing Address 8461 N. Rt E.</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B44ECCF17ECB747A6981</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 32.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Christopher J. Baker</p> <p>Mailing Address 8461 N. Rt E.</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement See Memo</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA791182CEB184172BA8</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 445.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Christopher J. Baker</p> <p>Mailing Address 8461 N. Rt E.</p> <p>City Columbia State MO Zip Code 65202</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1916FE6959024DE4AF5</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 340.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

478.11

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)

PAGE 84 / 92

<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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Scott Baker</p> <p>Mailing Address 2301 S. Hastings Ct</p> <p>City Columbia State MO Zip Code 65203-7238</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE539E030838243DBAB0</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 112.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Hunter Bates</p> <p>Mailing Address 101 Constitution Ave NW Suite 900</p> <p>City Washington State DC Zip Code 20001-2133</p> <p>Purpose of Disbursement In-kind:Space</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B08516965133E4D079F2</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 233.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. John E Becker, Sr.</p> <p>Mailing Address 1507 Tidewater Dr</p> <p>City Columbia State MO Zip Code 65202-6425</p> <p>Purpose of Disbursement Accounting Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD02F89B74A454CABAFB</p> <p>Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2346.17

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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jason Black <hr/> Mailing Address 1506 Waterford Dr <hr/> City Columbia State MO Zip Code 65203-0461 <hr/> Purpose of Disbursement Database Compilation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B3387A6A8EBD64CD9A73 Date of Disbursement 10 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 375.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Jason Black <hr/> Mailing Address 1506 Waterford Dr <hr/> City Columbia State MO Zip Code 65203-0461 <hr/> Purpose of Disbursement Database Compilation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B8092292072E14CD4B32 Date of Disbursement 11 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 200.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) John Cline <hr/> Mailing Address 101 Constitution Ave NW Suite 900 <hr/> City Washington State DC Zip Code 20001-2133 <hr/> Purpose of Disbursement In-kind:Space Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B1B7A71348BB54630933 Date of Disbursement 11 / 28 / 2007 <hr/> Amount of Each Disbursement this Period 233.34 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

808.34

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)

PAGE 86 / 92

<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)
HULSHOF FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Michelle Colbert Mailing Address 389 W. Hwy 8 City Steelville State MO Zip Code 65565-4526 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B809F2A8C9233492CAC3 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 1328.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Michelle Colbert Mailing Address 389 W. Hwy 8 City Steelville State MO Zip Code 65565-4526 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B48CC30CD037144CDAF0 Date of Disbursement 10 / 15 / 2007 Amount of Each Disbursement this Period 305.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Michelle Colbert Mailing Address 389 W. Hwy 8 City Steelville State MO Zip Code 65565-4526 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD4A3641814364E3D8FC Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 1328.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2962.56

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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Michelle Colbert</p> <p>Mailing Address 389 W. Hwy 8</p> <p>City Steelville State MO Zip Code 65565-4526</p> <p>Purpose of Disbursement Travel</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4EC0A62EEB6F4E5AB29</p> <p>Date of Disbursement 10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 392.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Michelle Colbert</p> <p>Mailing Address 389 W. Hwy 8</p> <p>City Steelville State MO Zip Code 65565-4526</p> <p>Purpose of Disbursement Salary</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B029A7946DD734B83A79</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 900.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Michelle Colbert</p> <p>Mailing Address 389 W. Hwy 8</p> <p>City Steelville State MO Zip Code 65565-4526</p> <p>Purpose of Disbursement Travel</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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B47D512E47F2E4765A2B</p> <p>Date of Disbursement 11 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 287.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1580.12

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)

PAGE 88 / 92

<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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Tom Crawford</p> <p>Mailing Address 101 Constitution Ave NW Suite 900</p> <p>City Washington State DC Zip Code 20001-2133</p> <p>Purpose of Disbursement In-kind: Space</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCF461326508B4A8ABA3</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 233.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Michael Hanson</p> <p>Mailing Address 101 Constitution Ave NW Suite 900</p> <p>City Washington State DC Zip Code 20001-2133</p> <p>Purpose of Disbursement In-kind: Space</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDAAA3C8109D54E3F8B4</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 233.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Rep. Kenny Charles Hulshof</p> <p>Mailing Address 24 Bingham Rd</p> <p>City Columbia State MO Zip Code 65203-3503</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name Rep. Kenny Charles Hulshof</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD9B46EF86E534BDF835</p> <p>Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 941.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1408.52

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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Nelson Litterst <hr/> Mailing Address 101 Constitution Ave NW Suite 900 <hr/> City Washington State DC Zip Code 20001-2133 <hr/> Purpose of Disbursement In-kind:Space Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8E4CCFB637A34A0295D Date of Disbursement 11 / 28 / 2007
	Amount of Each Disbursement this Period 233.33
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
B. Full Name (Last, First, Middle Initial) Jeff Murray <hr/> Mailing Address 101 Constitution Ave NW Suite 900 <hr/> City Washington State DC Zip Code 20001-2133 <hr/> Purpose of Disbursement In-kind:Space Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB722DF580FD44544A9E Date of Disbursement 11 / 28 / 2007
	Amount of Each Disbursement this Period 233.33
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
C. Full Name (Last, First, Middle Initial) Emma S. Nichols <hr/> Mailing Address 4581 E. Bonne Femme Church Rd <hr/> City Columbia State MO Zip Code 65201-9152 <hr/> Purpose of Disbursement Salary - October Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8C032077102045B2940 Date of Disbursement 10 / 31 / 2007
	Amount of Each Disbursement this Period 474.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

940.66

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)

PAGE 90 / 92

<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)
HULSHOF FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Emma S. Nichols</p> <p>Mailing Address 4581 E. Bonne Femme Church Rd</p> <p>City Columbia State MO Zip Code 65201-9152</p> <p>Purpose of Disbursement Salary - November</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BA6B216B6D25C40D488A</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 474.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Emma S. Nichols</p> <p>Mailing Address 4581 E. Bonne Femme Church Rd</p> <p>City Columbia State MO Zip Code 65201-9152</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BCCBCCFE6EC4641E2A95</p> <p>Date of Disbursement 12 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 824.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Emma S. Nichols</p> <p>Mailing Address 4581 E. Bonne Femme Church Rd</p> <p>City Columbia State MO Zip Code 65201-9152</p> <p>Purpose of Disbursement Salary - December</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BF49774E6BADF4BFD BAD</p> <p>Date of Disbursement 12 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 474.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1772.75

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)
HULSHOF FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Timothy Rich <hr/> Mailing Address 2516 Meadow Lark Ln <hr/> City Columbia State MO Zip Code 65201-6250 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B798F072C0F044967965 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 138.32
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
B. Full Name (Last, First, Middle Initial) Timothy Rich <hr/> Mailing Address 2516 Meadow Lark Ln <hr/> City Columbia State MO Zip Code 65201-6250 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9DBC463ABAB341CFA76 Date of Disbursement 11 / 19 / 2007
	Amount of Each Disbursement this Period 158.34
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
C. Full Name (Last, First, Middle Initial) Timothy Rich <hr/> Mailing Address 2516 Meadow Lark Ln <hr/> City Columbia State MO Zip Code 65201-6250 <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5B572AE10A604C6088B Date of Disbursement 12 / 12 / 2007
	Amount of Each Disbursement this Period 88.27
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

384.93

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)

PAGE 92 / 92

<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)
HULSHOF FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Timothy Rich

Mailing Address 2516 Meadow Lark Ln

City State Zip Code
Columbia MO 65201-6250

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B2963797C9C3643B8905

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Amount of Each Disbursement this Period

75.99

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

SUBTOTAL of Disbursements This Page (optional)

75.99

TOTAL This Period (last page this line number only)

83557.12