

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
LaTourette For Congress Committee

ADDRESS (number and street) 320 Kenarden Dr.
 Check if different than previously reported. (ACC)
Highland Hts. OH 44143

2. **FEC IDENTIFICATION NUMBER** C00284174
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
OH 14

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 Scott E. Coleman

Signature of Treasurer Electronically Filed by Scott E. Coleman Date 03 22 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.

Office Use Only **FEC FORM 3** (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

LaTourette For Congress Committee

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 |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 147159.99 | 680474.21 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 147159.99 | 680474.21 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 70575.79 | 285893.41 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 11942.04 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 70575.79 | 273951.37 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 564845.06 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

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
LaTourette For Congress Committee

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 | 61300.00 | 265745.00 |
| (i) Itemized (use Schedule A)..... | 10009.99 | 11459.99 |
| (ii) Unitemized..... | 71309.99 | 277204.99 |
| (iii) TOTAL of contributions from individuals..... ▶ | 250.00 | 250.00 |
| (b) Political Party Committees..... | 75600.00 | 403019.22 |
| (c) Other Political Committees (such as PACS)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 147159.99 | 680474.21 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | | |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | 0.00 | 11942.04 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 147159.99 | 692416.25 |

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

| | | |
|--|----------|-----------|
| 17. OPERATING EXPENDITURES..... | 70575.79 | 285893.41 |
| 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 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 12545.00 | 28720.03 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 83120.79 | 314613.44 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 500805.86 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 147159.99 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 647965.85 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 83120.79 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 564845.06 |

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

| | | |
|---|--------------------|---|
| Name of Candidate Steven C. LaTourette | | Candidate ID Number H4OH19036 |
| Name of Principal Campaign Committee LaTourette For Congress Committee | | Committee ID Number C C00284174 |
| Committee Address 320 Kenarden Dr. | | |
| City Highland Hts. | State OH | ZIP 44143- |
| 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 | 616924.21 | 63550.00 |
| 2. Aggregate amount of contributions from personal funds of the candidate | 0.00 | 0.00 |
| 3. Gross receipts minus the candidate's personal contributions | 616924.21 | 63550.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | | |
|------------------------------|------------------------------|---|------------------------------|-----------------------------|
| FOR LINE NUMBER: | PAGE 6 / 80 | | | |
| (check only one) | | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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)
LaTourette For Congress Committee

| | | | |
|--|---|------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Action Committee For | | Date of Receipt |
| | Mailing Address Rural Electrification 4301 Wilson Blvd. | | <input type="checkbox"/> 11 / <input type="checkbox"/> 21 / <input type="checkbox"/> 2007 |
| | City | State | Zip Code |
| | Arlington | VA | 22203 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 71203.C18791 |
| | C C00002972 | | Amount of Each Receipt this Period |
| Name of Employer | | Occupation | 1000.00 |
| Receipt For: | | Election Cycle-to-Date | Receipt |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | 1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|--|------------------------|---|
| B. | Full Name (Last, First, Middle Initial) AFGE PAC | | Date of Receipt |
| | Mailing Address 80 F St NW | | <input type="checkbox"/> 12 / <input type="checkbox"/> 03 / <input type="checkbox"/> 2007 |
| | City | State | Zip Code |
| | Washington | DC | 20001-1528 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 80106.C19010 |
| | C C00009936 | | Amount of Each Receipt this Period |
| Name of Employer | | Occupation | 1000.00 |
| Receipt For: | | Election Cycle-to-Date | Receipt |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | 1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|---|------------------------|---|
| C. | Full Name (Last, First, Middle Initial) AGC Political Action Committee | | Date of Receipt |
| | Mailing Address 333 John Carlyle Street, Suite 200 | | <input type="checkbox"/> 12 / <input type="checkbox"/> 19 / <input type="checkbox"/> 2007 |
| | City | State | Zip Code |
| | Alexandria | VA | 22314 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: 80106.C19023 |
| | C C00082917 | | Amount of Each Receipt this Period |
| Name of Employer | | Occupation | 1000.00 |
| Receipt For: | | Election Cycle-to-Date | Receipt |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | 1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | |
|--|---|---------|
| 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 7 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Amalgamated Transit Union

Mailing Address Voluntary Fund
5025 Wisconsin Ave. N. W.

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. C C00032995

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt MM / DD / YYYY
11 / 12 / 2007

Transaction ID: 71203.C18821

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
American Association Of Nurse

Mailing Address Anesthetists (CRNA PAC)
412 First Street SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. C C00173153

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4700.00

Date of Receipt MM / DD / YYYY
11 / 12 / 2007

Transaction ID: 71203.C18822

Amount of Each Receipt this Period 1200.00

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

C.

Full Name (Last, First, Middle Initial)
American Council Of

Mailing Address Engineering Companies PAC
1015 15th St. NW Suite 802

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. C C00010868

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
11 / 21 / 2007

Transaction ID: 71203.C18789

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 3200.00

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 8 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
American Nurses Association

Mailing Address Political Action Committee
600 Maryland Avenue S. W. Suite 10

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: 80106.C19045

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
AMO Voluntary

Mailing Address Political Action Committee
2 West Dixie Highway

City Dania State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

Transaction ID: 71204.C18982

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address ABPAC
1401 E. Street NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: 80106.C19044

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **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 9 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
BNSF RailPAC
Mailing Address P.O. Box 961039
City State Zip Code
Fort Worth TX 76161-0039
FEC ID number of contributing federal political committee. **C** C00235739
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 9000.00
Date of Receipt MM / DD / YYYY
11 / 12 / 2007
Transaction ID: 71203.C18823
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
BNSF RailPAC
Mailing Address P.O. Box 961039
City State Zip Code
Fort Worth TX 76161-0039
FEC ID number of contributing federal political committee. **C** C00235739
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 10000.00
Date of Receipt MM / DD / YYYY
12 / 30 / 2007
Transaction ID: 80106.C19041
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Boilermakers Blacksmiths
Mailing Address Legislative Action Program
753 State Ave.
City State Zip Code
Kansas City KS 66101
FEC ID number of contributing federal political committee. **C** C00005157
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00
Date of Receipt MM / DD / YYYY
11 / 21 / 2007
Transaction ID: 71203.C18788
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 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 10 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
Brotherhood Of Locomotive Engineers
Mailing Address 1370 Ontario St.
City Cleveland State OH Zip Code 44113
FEC ID number of contributing federal political committee. **C** C00099234
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 3000.00
Date of Receipt 12 / 30 / 2007
Transaction ID: 80106.C19047
Amount of Each Receipt this Period 1000.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Build P. A. C.
Mailing Address Natl Assoc Of Home Builders
1201 15th Street N. W.
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00000901
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00
Date of Receipt 10 / 26 / 2007
Transaction ID: 71203.C18848
Amount of Each Receipt this Period 1500.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Chrysler Service Con
Mailing Address Political Support Committee
1000 Chrysler Drive
City Auburn Hills State MI Zip Code 48326
FEC ID number of contributing federal political committee. **C** C00043687
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 12 / 30 / 2007
Transaction ID: 80106.C19040
Amount of Each Receipt this Period 1000.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
Chrysler Service Con

Mailing Address Political Support Committee
1000 Chrysler Drive

City Auburn Hills State MI Zip Code 48326

FEC ID number of contributing federal political committee. **C** C00043687

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 80106.C19035
 Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 1101 Pennsylvania Ave.
NW Suite 1000

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00039305

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 12 / 03 / 2007
Transaction ID: 80106.C19011
 Amount of Each Receipt this Period: 1000.00

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

C. Full Name (Last, First, Middle Initial)
Continental Airlines Inc.

Mailing Address Employee Fund For A. Better
Amerca P. A. C. 1350 I. St. N. W.

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00101766

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 11 / 21 / 2007
Transaction ID: 80124.C19056
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 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 13 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Friends of Tom Patton

Mailing Address 17157 Rabbit Run Dr.

City State Zip Code
Strongsville OH 44136

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71203.C18865

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Goodyear Good Government Fund

Mailing Address 1144 E. Market St.

City State Zip Code
Akron OH 44316

FEC ID number of contributing federal political committee. **C** C00100131

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 3000.00

Date of Receipt

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

Transaction ID: 80106.C19051

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Hornbeck Offshore

Mailing Address Services, Inc. PAC
103 Northpark Blvd.

City State Zip Code
Covington LA 70433

FEC ID number of contributing federal political committee. **C** C00424366

Name of Employer Occupation

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

Date of Receipt

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

Transaction ID: 71203.C18820

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

1600.00

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 14 / 80
(check only one)

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

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC

Mailing Address 1615 L St NW Ste 900

City Washington State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 11 / 21 / 2007
Transaction ID: 71203.C18809
Amount of Each Receipt this Period: 2500.00

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

B. Full Name (Last, First, Middle Initial)
Ironworkers Political Action League

Mailing Address 1750 New York Ave. N. W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 11 / 21 / 2007
Transaction ID: 71203.C18787
Amount of Each Receipt this Period: 1500.00

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

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

Mailing Address P.O. Box 18254

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 12 / 30 / 2007
Transaction ID: 80106.C19042
Amount of Each Receipt this Period: 1500.00

Receipt
 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 15 / 80
(check only one)

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

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
Laborers Political League

Mailing Address 905-16th Street N. W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 30 / 2007

Transaction ID: 80106.C19046

Amount of Each Receipt this Period 2500.00

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

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

Mailing Address 1550 Crystal Dr

City Arlington State VA Zip Code 22202-4135

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 26 / 2007

Transaction ID: 71203.C18850

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Merrill Lynch P. A. C.

Mailing Address 3000 K. St. NW Suite 620

City Washington State DC Zip Code 20007-5109

FEC ID number of contributing federal political committee. **C** C00040550

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 12 / 2007

Transaction ID: 71203.C18819

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Metlife Inc.

Mailing Address Employees Pol. Part Fund
One Metlife Plaza 27-01 Queens Pla

City State Zip Code
Long Island City NY 11101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: 80106.C19026

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

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

Mailing Address C00242370
380 Interlocken Crescent, Suite 20

City State Zip Code
Lakewood OH 44107

FEC ID number of contributing federal political committee. **C** C00242370

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 71203.C18790

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Napus P. A. C. For Postmasters

Mailing Address 8 Herbert St.

City State Zip Code
Alexandria VA 22305

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71203.C18846

Amount of Each Receipt this Period

300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2300.00

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 17 / 80
(check only one)

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

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
National City Corp P. A. C.

Mailing Address 1900 East Ninth Street
National City Center

City Cleveland State OH Zip Code 44114

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 11 / 21 / 2007
Transaction ID: 71203.C18805
Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Norfolk Southern Corporation

Mailing Address Good Government Fund
Three Commercial Place

City Norfolk State VA Zip Code 23510

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 11 / 21 / 2007
Transaction ID: 71203.C18808
Amount of Each Receipt this Period 5000.00

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

C. Full Name (Last, First, Middle Initial)
Norfolk Southern Corporation

Mailing Address Good Government Fund
Three Commercial Place

City Norfolk State VA Zip Code 23510

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 12 / 21 / 2007
Transaction ID: 80127.C19057
Amount of Each Receipt this Period 5000.00

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

SUBTOTAL of Receipts This Page (optional) ► 11000.00

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 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
NSSGA ROCKPAC
Mailing Address 1605 King Street
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00089458
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt 10 / 26 / 2007
Transaction ID: 71203.C18851
Amount of Each Receipt this Period 1000.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ohios 17 Star PAC
Mailing Address P.O. Box 340917
City Columbus State OH Zip Code 43234
FEC ID number of contributing federal political committee. **C** C00364737
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00
Date of Receipt 10 / 26 / 2007
Transaction ID: 71203.C18847
Amount of Each Receipt this Period 5000.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Oldcastle Materials Inc.
Mailing Address Policial Action Committee
101 Constitution Ave. NW # 600w
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00346353
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00
Date of Receipt 12 / 30 / 2007
Transaction ID: 80106.C19043
Amount of Each Receipt this Period 1000.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 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 19 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
Owner Operator Ind.
Mailing Address Drivers Assoc. PAC
1101 30th St. NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C** C00236778
Name of Employer Occupation
Receipt For: Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 11 / 21 / 2007
Transaction ID: 71203.C18792
Amount of Each Receipt this Period 1000.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Prudential Financial, Inc.
Mailing Address Political Action Comm.
751 Broad Street
City Newark State NJ Zip Code 07102
FEC ID number of contributing federal political committee. **C** C00127779
Name of Employer Occupation
Receipt For: Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 12 / 19 / 2007
Transaction ID: 80106.C19025
Amount of Each Receipt this Period 1000.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Pryce For Congress
Mailing Address 145 E. Rich St.
City Columbus State OH Zip Code 43215
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 12 / 30 / 2007
Transaction ID: 80106.C19048
Amount of Each Receipt this Period 2000.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
Realtors P. A. C.
Mailing Address 430 N. Michagin Ave.
City Chicago State IL Zip Code 60611
FEC ID number of contributing federal political committee. **C** C00030718
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00
Date of Receipt 12 / 19 / 2007
Transaction ID: 80106.C19022
Amount of Each Receipt this Period 3000.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Roetzel & Andress Co. L. P. A.
Mailing Address F. S. L. Political Action Committee
222 S. Main Street
City Akron State OH Zip Code 44308
FEC ID number of contributing federal political committee. **C** C00228379
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 2000.00
Date of Receipt 11 / 21 / 2007
Transaction ID: 71203.C18800
Amount of Each Receipt this Period 1000.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Steris PAC
Mailing Address 5960 Heisley Rd.
City Mentor State OH Zip Code 44060
FEC ID number of contributing federal political committee. **C** C00368720
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 1500.00
Date of Receipt 10 / 10 / 2007
Transaction ID: 71203.C18938
Amount of Each Receipt this Period 500.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 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 21 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
The Pac Of The National

Mailing Address Mining Association
1130 17th St. NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2007
Transaction ID: 71203.C18806
Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
The Timken Company

Mailing Address Good Government Fund
1835 Dueber Ave. S. W.

City Canton State OH Zip Code 44706

FEC ID number of contributing federal political committee. **C** C00311308

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2007
Transaction ID: 80106.C19020
Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Tuesday Group

Mailing Address Political Action Committee
P.O. Box 40385

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 11 / 21 / 2007
Transaction ID: 71203.C18803
Amount of Each Receipt this Period 3000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
Tuesday Group

Mailing Address Political Action Committee
P.O. Box 40385

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt MM / DD / YYYY
12 / 19 / 2007

Transaction ID: 80106.C19021

Amount of Each Receipt this Period 1500.00

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

B. Full Name (Last, First, Middle Initial)
Union Pacific Fund

Mailing Address For Effective Govt.
600 13th Street N.W. #340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt MM / DD / YYYY
12 / 21 / 2007

Transaction ID: 80106.C19055

Amount of Each Receipt this Period 4000.00

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

C. Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 55 Glenlake Parkway N.E.

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt MM / DD / YYYY
12 / 30 / 2007

Transaction ID: 80106.C19049

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 6000.00

TOTAL This Period (last page this line number only) ► 75600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 80
(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 |
| | | | | | | | 15 |

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A.

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Sam Alonso | | Date of Receipt MM / DD / YYYY 10 / 26 / 2007 |
| Mailing Address 3601 Glenwood Blvd | | Transaction ID: 71203.C18868 |
| City Aurora | State OH | Zip Code 44202-9063 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Reminderville | Occupation MAYOR | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 700.00 | |

B.

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) John W. Antalovich | | Date of Receipt MM / DD / YYYY 10 / 07 / 2007 |
| Mailing Address 2159 Evergreen Road | | Transaction ID: 71203.C18956 |
| City Perry | State OH | Zip Code 44081 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Kucera International | Occupation OWNER | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

C.

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Grady Appleton | | Date of Receipt MM / DD / YYYY 12 / 03 / 2007 |
| Mailing Address 3145 Sparrows Crst | | Transaction ID: 80106.C19008 |
| City Akron | State OH | Zip Code 44319-5404 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer FHL Bank | Occupation Director | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: <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) | 950.00 |
| 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 24 / 80
(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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Charles Bart

Mailing Address 8484 Timber Trl

City Brecksville State OH Zip Code 44141-1773

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

Name of Employer COMPONENT REPAIR TECH. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2007

Transaction ID: 71203.C18840

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Louis Berroteran

Mailing Address 2438 Chestnut Blvd.

City Cuyahoga Falls State OH Zip Code 44223

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

Name of Employer Self Occupation Insurance

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt 10 / 10 / 2007

Transaction ID: 71203.C18954

Amount of Each Receipt this Period 50.00

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

C.

Full Name (Last, First, Middle Initial)
Jeffrey H. Black

Mailing Address 1501 Madison Ave.

City Painesville State OH Zip Code 44077

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

Name of Employer Self Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2007

Transaction ID: 71203.C18937

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 25 / 80 |
| | <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)
LaTourette For Congress Committee

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Thomas Brick | Date of Receipt MM / DD / YYYY 10 / 07 / 2007 |
| | Mailing Address 12 Church Street | Transaction ID: 71203.C18967 |
| | City State Zip Code Chagrin Falls OH 44022 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer City of Chagrin Falls Occupation MAYOR Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00 | |

| | | |
|-----------|---|--|
| B. | Full Name (Last, First, Middle Initial) Robert Brosky | Date of Receipt MM / DD / YYYY 12 / 03 / 2007 |
| | Mailing Address 707 N. Woodhill Dr. | Transaction ID: 80106.C19013 |
| | City State Zip Code Amherst OH 44001 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer FHL Bank Occupation EXECUTIVE Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00 | |

| | | |
|-----------|---|--|
| C. | Full Name (Last, First, Middle Initial) Anthony Caruso | Date of Receipt MM / DD / YYYY 10 / 07 / 2007 |
| | Mailing Address 37192 Oneill Dr | Transaction ID: 71203.C18975 |
| | City State Zip Code Solon OH 44139-2450 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Adelpheia Occupation EXECUTIVE Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1100.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| 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 / 80
(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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Proctor Caudill

Mailing Address 2075 Rice Rd

City State Zip Code
Morehead KY 40351-9291

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

Name of Employer Occupation
FHL Bank EXECUTIVE

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

Date of Receipt
MM / DD / YYYY
12 / 03 / 2007

Transaction ID: 80106.C19007

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Steve Clark

Mailing Address 9273 Lerwick Drive

City State Zip Code
Dublin OH 43017

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

Name of Employer Occupation
Clark & Associates Attorney

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

Date of Receipt
MM / DD / YYYY
11 / 21 / 2007

Transaction ID: 71203.C18795

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Bob Conroy

Mailing Address PO Box 687

City State Zip Code
Chardon OH 44024-0687

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

Name of Employer Occupation
Ohio Ordnance Works EXECUTIVE

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

Date of Receipt
MM / DD / YYYY
10 / 07 / 2007

Transaction ID: 71203.C18961

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
William Currin
 Mailing Address 7543 Stow Rd.
 City Hudson State OH Zip Code 44236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer City of Hudson Occupation MAYOR
 Receipt For: Primary General Other (specify) ▼
 Election Cycle-to-Date ▼ 600.00
 Date of Receipt 10 / 24 / 2007
Transaction ID: 71203.C18928
 Amount of Each Receipt this Period 100.00
 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas Dillon
 Mailing Address 733 W. Market St.
 City Akron State OH Zip Code 44303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Executive Properties Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Election Cycle-to-Date ▼ 500.00
 Date of Receipt 10 / 10 / 2007
Transaction ID: 71203.C18935
 Amount of Each Receipt this Period 500.00
 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joseph Drake
 Mailing Address 18220 Haskins Rd.
 City Chagrin Falls State OH Zip Code 44023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JFD Landscapes Occupation Landscaper
 Receipt For: Primary General Other (specify) ▼
 Election Cycle-to-Date ▼ 250.00
 Date of Receipt 10 / 07 / 2007
Transaction ID: 71203.C18962
 Amount of Each Receipt this Period 250.00
 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 850.00
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 / 80

(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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Stephen Duffy

Mailing Address 2997 Sussex Ct.

City State Zip Code
Stow OH 44224

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cleveland State University Professor

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: 71203.C18891

Amount of Each Receipt this Period
50.00

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

B.

Full Name (Last, First, Middle Initial)
Anna Dunlap

Mailing Address 2071 Hycroft Drive
Upper St. Clair

City State Zip Code
Pittsburgh PA 15241

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed DEVELOPER

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 9 | / | 2 | 0 | 0 | 7 |

Transaction ID: 80106.C19018

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Edward Dunlap

Mailing Address 2071 Hycroft Rd.

City State Zip Code
Pittsburgh PA 15241

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed DEVELOPER

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 9 | / | 2 | 0 | 0 | 7 |

Transaction ID: 80106.C19019

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) 4650.00

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 29 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

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

Mailing Address PO Box 169

City State Zip Code
Chardon OH 44024-0169

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

Name of Employer Occupation
Sawyer House OWNER

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

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

Transaction ID: 71203.C18939

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Stanley Gault

Mailing Address 407 W. Wayne Ave.

City State Zip Code
Wooster OH 44691

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

Name of Employer Occupation
RETIRED Information Requested

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

Date of Receipt
MM / DD / YYYY
10 / 26 / 2007

Transaction ID: 71203.C18839

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Christopher Giblin

Mailing Address 1304 Chancel PI

City State Zip Code
Alexandria VA 22314-4707

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

Name of Employer Occupation
VICE PRESIDENT Ogilvy Consulting

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

Date of Receipt
MM / DD / YYYY
11 / 21 / 2007

Transaction ID: 71203.C18794

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

| | |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 / 80 (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)
LaTourette For Congress Committee

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Mr. G. J. Goudreau</p> <p>Mailing Address 24502 Wimbledon Rd.</p> <p>City State Zip Code Beachwood OH 44122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer GOUDREAU COMPANIES Occupation EXECUTIVE</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p> | <p>Date of Receipt 10 / 26 / 2007</p> <p>Transaction ID: 71203.C18853</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) Mrs. Cari Gross</p> <p>Mailing Address 22649 Shaker Blvd</p> <p>City State Zip Code Shaker Heights OH 44122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NONE Occupation HOMEMAKER</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4600.00</p> | <p>Date of Receipt 12 / 30 / 2007</p> <p>Transaction ID: 80106.C19054</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Gary L. Gross</p> <p>Mailing Address 14300 Ridge Rd.</p> <p>City State Zip Code North Royalton OH 44133</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Gross Builders Occupation EXECUTIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4600.00</p> | <p>Date of Receipt 12 / 30 / 2007</p> <p>Transaction ID: 80106.C19053</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 5100.00 |
| 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 / 80 |
| | (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"/> | <input type="checkbox"/> | <input type="checkbox"/> 14 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Mr. Harley Gross | Date of Receipt MM / DD / YYYY 12 / 30 / 2007 |
| | Mailing Address 13911 Oak Brook Drive 104 | Transaction ID: 80106.C19050 |
| | City State Zip Code North Royalton OH 44133 | Amount of Each Receipt this Period 2300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Gross Builders Occupation EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00 | |

| | | |
|-----------|---|--|
| B. | Full Name (Last, First, Middle Initial) Ms. Rochelle Gross | Date of Receipt MM / DD / YYYY 12 / 30 / 2007 |
| | Mailing Address 2580 Hickery Lane | Transaction ID: 80106.C19052 |
| | City State Zip Code Gates Mills OH 44040 | Amount of Each Receipt this Period 2300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer NONE Occupation HOMEMAKER Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00 | |

| | | |
|-----------|---|--|
| C. | Full Name (Last, First, Middle Initial) E. Joseph Hillings | Date of Receipt MM / DD / YYYY 12 / 31 / 2007 |
| | Mailing Address 3904 Colonel Ellis Ave | Transaction ID: 80106.C19036 |
| | City State Zip Code Alexandria VA 22304-1704 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer RETIRED Occupation RETIRED Receipt For: <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) | 5100.00 |
| 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 32 / 80 (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)
LaTourette For Congress Committee

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Paul Imwalle</p> <p>Mailing Address 7475 Etoncross Ct</p> <p>City State Zip Code Cincinnati OH 45244-3733</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Attorney</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 7</p> <p>Transaction ID: 80106.C19001</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Mrs. Michael Keresman</p> <p>Mailing Address 7753 Rutland Dr.</p> <p>City State Zip Code Mentor OH 44060</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NONE Occupation HOMEMAKER</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7</p> <p>Transaction ID: 71203.C18845</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Mr. Richard Kessler</p> <p>Mailing Address 10520 Clear Lake Drive</p> <p>City State Zip Code Concord OH 44077</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Soc. for Rehabilitation Occupation Director</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7</p> <p>Transaction ID: 71203.C18871</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|---|---|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>750.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p> </p> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 80

(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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Kimberly Kidner

Mailing Address PO Box 1702

City State Zip Code
Ashtabula OH 44005-1702

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
VLC President

Receipt For: Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2007

Transaction ID: 71203.C18854

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Robert Landies

Mailing Address P.O. Box 687

City State Zip Code
Chardon OH 44024

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Ohio Ordnance Works Managing Director

Receipt For: Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2300.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2007

Transaction ID: 71203.C18959

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Leroy Lydic

Mailing Address PO Box 160
44081

City State Zip Code
Perry OH 44081-0160

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NONE RETIRED

Receipt For: Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2007

Transaction ID: 71203.C18916

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) 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 35 / 80
(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)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mike Melvin
 Mailing Address PO Box 71
 City Urbana State OH Zip Code 43078-0071
 FEC ID number of contributing federal political committee. C
 Name of Employer Perpetual Federal Occupation President
 Receipt For: Primary General Other (specify) ▼
 Election Cycle-to-Date ▼ 250.00
 Date of Receipt M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 7
Transaction ID: 80106.C19005
 Amount of Each Receipt this Period 250.00
 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alyson Miller
 Mailing Address 449 Strawberry Hill Rd.
 City Concord State MA Zip Code 01742
 FEC ID number of contributing federal political committee. C
 Name of Employer NONE Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Election Cycle-to-Date ▼ 2300.00
 Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7
Transaction ID: 80106.C19029
 Amount of Each Receipt this Period 2300.00
 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Caroline Miller
 Mailing Address 449 Strawberry Hill Rd.
 City Concord State MA Zip Code 01742
 FEC ID number of contributing federal political committee. C
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Election Cycle-to-Date ▼ 2300.00
 Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7
Transaction ID: 80106.C19034
 Amount of Each Receipt this Period 2300.00
 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4850.00
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 / 80

(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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Eli Miller

Mailing Address 449 Strawberry Hill Rd.

City State Zip Code
Concord MA 01742

FEC ID number of contributing federal political committee. C

Name of Employer
RETIRED

Occupation
Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2007

Transaction ID: 80106.C19033

Amount of Each Receipt this Period
2300.00

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

B.

Full Name (Last, First, Middle Initial)
Pesha Miller

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer
NONE

Occupation
HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2007

Transaction ID: 80106.C19014

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Richard Miller

Mailing Address 250 College

City State Zip Code
Hudson OH 44236

FEC ID number of contributing federal political committee. C

Name of Employer
BAKER MCMILLAN

Occupation
MFG - EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2007

Transaction ID: 80106.C19031

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) 6900.00

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 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
Joseph Mondello
Mailing Address 2707 S Grove St
City Arlington State VA Zip Code 22202-2423
FEC ID number of contributing federal political committee. **C**
Name of Employer Mondello Group Occupation OWNER
Receipt For: Primary General Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 11 / 21 / 2007
Transaction ID: 71203.C18793
Amount of Each Receipt this Period 500.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Peter Mooney
Mailing Address 2863 Camelot Ct.
City Wickliffe State OH Zip Code 44092
FEC ID number of contributing federal political committee. **C**
Name of Employer Source Financial Occupation President
Receipt For: Primary General Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 10 / 26 / 2007
Transaction ID: 71203.C18849
Amount of Each Receipt this Period 500.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. And Mrs. Richard Muny
Mailing Address 6625 Belvoir Court
City Painesville State OH Zip Code 44077
FEC ID number of contributing federal political committee. **C**
Name of Employer Hallrich, Inc. Occupation CEO
Receipt For: Primary General Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 10 / 26 / 2007
Transaction ID: 71203.C18834
Amount of Each Receipt this Period 2000.00
Receipt 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 38 / 80
(check only one)

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

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
August Napoli

Mailing Address 2444 Coventry Rd.

City Cleveland State OH Zip Code 44118

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

Name of Employer CLEVELAND CLINIC Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2007

Transaction ID: 71203.C18810

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Raymond Negrelli

Mailing Address 5003 Clubside Rd.

City Lyndhurst State OH Zip Code 44124

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

Name of Employer Self - Employed Occupation DEVELOPER

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2007

Transaction ID: 71203.C18874

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
George Palko

Mailing Address 5650 Goodman Dr.

City North Royalton State OH Zip Code 44133

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

Name of Employer Great Lakes Const. Co. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: 71203.C18948

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 39 / 80 |
| | <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)
LaTourette For Congress Committee

| | | | |
|--|---|--------------------------|---|
| A. | Full Name (Last, First, Middle Initial) David Paulitsch | | Date of Receipt |
| | Mailing Address 18438 Munn Rd | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7 |
| | City | State | Zip Code |
| | Chagrin Falls | OH | 44023-6158 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 71203.C18875 |
| Name of Employer Burton Scot Contractors | | Occupation EXECUTIVE | Amount of Each Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 300.00 |
| | | | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|--------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Carol Peterson | | Date of Receipt |
| | Mailing Address 807 Douglas Ave | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 3 / 2 0 0 7 |
| | City | State | Zip Code |
| | Terrace Park | OH | 45174-1201 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 80106.C19003 |
| Name of Employer First Federal | | Occupation EXECUTIVE | Amount of Each Receipt this Period |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| | | | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|--|---|--------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Maria Petitti | | Date of Receipt |
| | Mailing Address 8424 Timber Trail | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7 |
| | City | State | Zip Code |
| | Brecksville | OH | 44141 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 71203.C18837 |
| Name of Employer Petitti Enterprises | | Occupation EXECUTIVE | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 1000.00 |
| | | | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1550.00 |
| 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 40 / 80
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Brian J. Ratner

Mailing Address 10800 Brookpark Rd.

City Cleveland State OH Zip Code 44130

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

Name of Employer Forest City Enterprises Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 4300.00

Date of Receipt 12 / 19 / 2007

Transaction ID: 80106.C19032

Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Charles Ratner

Mailing Address 16980 South Park Blvd.

City Cleveland State OH Zip Code 44120

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

Name of Employer Forest City Enterprises Occupation Exec VP Administration

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 4300.00

Date of Receipt 12 / 19 / 2007

Transaction ID: 80106.C19016

Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. James Ratner

Mailing Address 10800 Brookpark Rd.

City Cleveland State OH Zip Code 44130

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

Name of Employer Forest city ent. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 4300.00

Date of Receipt 12 / 19 / 2007

Transaction ID: 80106.C19015

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► 6900.00

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 41 / 80
(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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Rachel Ratner

Mailing Address 50 Public Sq

City Cleveland State OH Zip Code 44113-2208

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

Name of Employer Forest City Enterprises Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2007

Transaction ID: 80106.C19028

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Deborah Salzberg

Mailing Address 7500 Hampden Lane

City Bethesda State MD Zip Code 20814

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

Name of Employer Forest City Enterprises Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 12 / 19 / 2007

Transaction ID: 80106.C19027

Amount of Each Receipt this Period 300.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Michael Salzberg

Mailing Address 7500 Hampden Lane

City Bethesda State MD Zip Code 20814

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

Name of Employer Salco Mechanical Contractors Occupation Contractor

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 12 / 19 / 2007

Transaction ID: 80106.C19030

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3600.00**

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 / 80
(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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Andrew Sherman

Mailing Address 9181 Boyer Ln

City State Zip Code
Mentor OH 44060-7916

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

Name of Employer Occupation
Powdermet, Inc. EXECUTIVE

Receipt For: Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71203.C18859

Amount of Each Receipt this Period
150.00

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

B.

Full Name (Last, First, Middle Initial)
Robert Sidley

Mailing Address P.O. Box 150

City State Zip Code
Painesville OH 44077

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

Name of Employer Occupation
Self Attorney

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

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

Transaction ID: 71203.C18940

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
William Small

Mailing Address 1689 Oak Pointe Ln

City State Zip Code
Defiance OH 43512-3495

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

Name of Employer Occupation
First Federal President

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

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

Transaction ID: 80106.C19002

Amount of Each Receipt this Period
250.00

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

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

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 / 80 |
| | (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)
LaTourette For Congress Committee

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Mr. James Stanton</p> <p>Mailing Address 1310 19th St. N. W.</p> <p>City State Zip Code Washington DC 20036</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Stanton & Associates Attorney</p> <p>Receipt For: Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p> | <p>Date of Receipt MM / DD / YYYY 11 / 21 / 2007</p> <p>Transaction ID: 71203.C18804</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) A.E. Szambecki</p> <p>Mailing Address P.O. Box 671</p> <p>City State Zip Code Kent OH 44240</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED Information Requested</p> <p>Receipt For: Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2300.00</p> | <p>Date of Receipt MM / DD / YYYY 10 / 26 / 2007</p> <p>Transaction ID: 71203.C18835</p> <p>Amount of Each Receipt this Period 2050.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) A.E. Szambecki</p> <p>Mailing Address P.O. Box 671</p> <p>City State Zip Code Kent OH 44240</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED Information Requested</p> <p>Receipt For: Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2750.00</p> | <p>Date of Receipt MM / DD / YYYY 10 / 26 / 2007</p> <p>Transaction ID: 71203.C18836</p> <p>Amount of Each Receipt this Period 450.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 80 |
| | (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"/> | <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)
LaTourette For Congress Committee

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Bob Varley | Date of Receipt MM / DD / YYYY 10 / 26 / 2007 |
| | Mailing Address PO Box 5759 | Transaction ID: 71203.C18873 |
| | City Cleveland State OH Zip Code 44101-0759 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Dominion Occupation EXECUTIVE Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 750.00 | |

| | | |
|-----------|---|--|
| B. | Full Name (Last, First, Middle Initial) Don Welty | Date of Receipt MM / DD / YYYY 12 / 30 / 2007 |
| | Mailing Address 123 South Miller Rd. | Transaction ID: 80106.C19039 |
| | City Akron State OH Zip Code 44333 | Amount of Each Receipt this Period 2000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Welty Building Co. Occupation OWNER Receipt For: <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) Thomas Whatman | Date of Receipt MM / DD / YYYY 12 / 03 / 2007 |
| | Mailing Address 3053 Meadowsglen Ct | Transaction ID: 80106.C19009 |
| | City Dublin State OH Zip Code 43017 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Stregetic Public Parnters Occupation Partner Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|----------------|
| 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 45 / 80
(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)
LaTourette For Congress Committee

A.

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) Mary Wheeler | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7 |
| Mailing Address 8882 Lake in the Woods Trail | | Transaction ID: 71203.C18838 |
| City Chagrin Falls | State OH | Zip Code 44023 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 350.00 |
| Name of Employer NONE | Occupation HOMEMAKER | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

B.

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) Mr. David Wiles | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7 |
| Mailing Address 7615 Sarah Lee | | Transaction ID: 71203.C18852 |
| City Painesville | State OH | Zip Code 44077 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Ct Consultants | Occupation Attorney | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: <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) Jason Wuliger | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 7 |
| Mailing Address 20 Basswood Ln | | Transaction ID: 71203.C18882 |
| City Chagrin Falls | State OH | Zip Code 44022-1377 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Lake County Prosecutors | Occupation Attorney | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1050.00 | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 900.00 |
| TOTAL This Period (last page this line number only) | 61300.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 80
(check only one)

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

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Geauga County Republican

Mailing Address Womens Club
14710 Munnberry Oval

City State Zip Code
Newbury OH 44065

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71203.C18870

Amount of Each Receipt this Period
250.00

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 250.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Aristotle Publishing Mailing Address 205 Pennsylvania Ave. SE City Washington State DC Zip Code 20003- Purpose of Disbursement Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8300 Date of Disbursement 11 / 01 / 2007 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SOFTWARE |
| B. | Full Name (Last, First, Middle Initial) At&T Mailing Address 1600 Trell Mill Rd. City Marietta State GA Zip Code 30067- Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8266 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 32.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |
| C. | Full Name (Last, First, Middle Initial) At&T Mailing Address 1600 Trell Mill Rd. City Marietta State GA Zip Code 30067- Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8278 Date of Disbursement 10 / 22 / 2007 Amount of Each Disbursement this Period 14.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1546.98 |
| 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)
LaTourette For Congress Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) At&T | Transaction ID: 71203.E8304 Date of Disbursement 11 / 11 / 2007 |
| | Mailing Address 1600 Trell Mill Rd. | Amount of Each Disbursement this Period 32.02 |
| | City Marietta State GA Zip Code 30067- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telephone Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | TELEPHONE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) At&T | Transaction ID: 80106.E8337 Date of Disbursement 11 / 25 / 2007 |
| | Mailing Address 1600 Trell Mill Rd. | Amount of Each Disbursement this Period 14.95 |
| | City Marietta State GA Zip Code 30067- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement TELEPHONE Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | TELEPHONE |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) At&T | Transaction ID: 80106.E8355 Date of Disbursement 12 / 19 / 2007 |
| | Mailing Address 1600 Trell Mill Rd. | Amount of Each Disbursement this Period 32.02 |
| | City Marietta State GA Zip Code 30067- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telephone Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | TELEPHONE |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) | 78.99 |
| 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)
LaTourette For Congress Committee

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) At&T Mailing Address 1600 Trell Mill Rd. City Marietta State GA Zip Code 30067- Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80106.E8363 Date of Disbursement 12 / 30 / 2007 Amount of Each Disbursement this Period 14.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |
| B. | Full Name (Last, First, Middle Initial) BestBuys Mailing Address 1417 Golden Gate Blvd. City Cleveland State OH Zip Code 44124- Purpose of Disbursement Computer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8255 Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 1708.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COMPUTER |
| C. | Full Name (Last, First, Middle Initial) Bogart Assoc. Inc. Mailing Address 1200 Trinity Ave. City Alexandria State VA Zip Code 22314- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8238 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 90.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1814.30 |
| 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)
LaTourette For Congress Committee

| | | | |
|----|--|--|---|
| A. | Full Name (Last, First, Middle Initial) Bogart Assoc. Inc. | Transaction ID: 71203.E8279 Date of Disbursement 10 / 22 / 2007 | |
| | Mailing Address 1200 Trinity Ave. | | Amount of Each Disbursement this Period 2500.00 |
| | City Alexandria State VA Zip Code 22314- | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement FUNDRAISING CONSULTANT | | FUNDRAISING CONSULTANT |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| B. | Full Name (Last, First, Middle Initial) Bogart Assoc. Inc. | Transaction ID: 71203.E8292 Date of Disbursement 11 / 01 / 2007 | |
| | Mailing Address 1200 Trinity Ave. | | Amount of Each Disbursement this Period 106.43 |
| | City Alexandria State VA Zip Code 22314- | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement POSTAGE | | POSTAGE |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| C. | Full Name (Last, First, Middle Initial) Bogart Assoc. Inc. | Transaction ID: 71203.E8328 Date of Disbursement 11 / 15 / 2007 | |
| | Mailing Address 1200 Trinity Ave. | | Amount of Each Disbursement this Period 203.77 |
| | City Alexandria State VA Zip Code 22314- | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Postage | | POSTAGE |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |

SUBTOTAL of Disbursements This Page (optional) ▶

2810.20

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)
LaTourette For Congress Committee

| | | | |
|-----------|--|--|------------------------|
| A. | Full Name (Last, First, Middle Initial) Bogart Assoc. Inc. | Transaction ID: 80106.E8336 Date of Disbursement 11 / 25 / 2007 | |
| | Mailing Address 1200 Trinity Ave. | | |
| | City Alexandria State VA Zip Code 22314- | Amount of Each Disbursement this Period | 2500.00 |
| | Purpose of Disbursement FUNDRAISING CONSULTANT Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | FUNDRAISING CONSULTANT |
| B. | Full Name (Last, First, Middle Initial) Bogart Assoc. Inc. | Transaction ID: 80106.E8352 Date of Disbursement 12 / 09 / 2007 | |
| | Mailing Address 1200 Trinity Ave. | | |
| | City Alexandria State VA Zip Code 22314- | Amount of Each Disbursement this Period | 59.03 |
| | Purpose of Disbursement Postage Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | POSTAGE |
| C. | Full Name (Last, First, Middle Initial) Capellis | Transaction ID: 71203.E8284 Date of Disbursement 10 / 25 / 2007 | |
| | Mailing Address 7701 Reynolds Rd. | | |
| | City Mentor State OH Zip Code 44060- | Amount of Each Disbursement this Period | 17500.00 |
| | Purpose of Disbursement CATERING Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CATERING |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 20059.03 |
| 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)
LaTourette For Congress Committee

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 1ST St. SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement CAMPAIGN MEETING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8252 Date of Disbursement 10 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 108.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN MEETING |
| B. | Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 1ST St. SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Campaign Meeting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8306 Date of Disbursement 11 / 11 / 2007 <hr/> Amount of Each Disbursement this Period 16.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN MEETING |
| C. | Full Name (Last, First, Middle Initial) C. C. A. -Division Of Taxation <hr/> Mailing Address 1701 Lakeside <hr/> City Cleveland State OH Zip Code 44114- <hr/> Purpose of Disbursement TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8220 Date of Disbursement 10 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 24.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES |

SUBTOTAL of Disbursements This Page (optional) ▶

150.61

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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Nicholas Ciofani

Transaction ID: 71203.E8223
Date of Disbursement

Mailing Address 34512 Summerset Dr.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 1 | | 2 | 0 | 0 | 7 |

City Solon State OH Zip Code 44139-

Amount of Each Disbursement this Period

| |
|--------|
| 348.52 |
|--------|

Purpose of Disbursement
PAYROLL

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

PAYROLL

State: District:

B.

Full Name (Last, First, Middle Initial)
Nicholas Ciofani

Transaction ID: 71203.E8289
Date of Disbursement

Mailing Address 34512 Summerset Dr.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 1 | | 2 | 0 | 0 | 7 |

City Solon State OH Zip Code 44139-

Amount of Each Disbursement this Period

| |
|--------|
| 348.52 |
|--------|

Purpose of Disbursement
PAYROLL

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

PAYROLL

State: District:

C.

Full Name (Last, First, Middle Initial)
Nicholas Ciofani

Transaction ID: 80106.E8340
Date of Disbursement

Mailing Address 34512 Summerset Dr.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 5 | | 2 | 0 | 0 | 7 |

City Solon State OH Zip Code 44139-

Amount of Each Disbursement this Period

| |
|--------|
| 348.53 |
|--------|

Purpose of Disbursement
PAYROLL

| |
|-------------------|
| Category/ Type |
|-------------------|

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

PAYROLL

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1045.57 |
|---------|

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)
LaTourette For Congress Committee

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Cleveland Jewish News Mailing Address 3645 Warrensville Ctr Road City Cleveland State OH Zip Code 44122- Purpose of Disbursement AD Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8245 Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 602.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD |
| B. | Full Name (Last, First, Middle Initial) Scott Coleman Mailing Address 320 Kenarden Dr City Highland Hts State OH Zip Code 44143- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80106.E8335 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 1166.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |
| C. | Full Name (Last, First, Middle Initial) Scott Coleman Mailing Address 320 Kenarden Dr City Highland Hts State OH Zip Code 44143- Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8290 Date of Disbursement 11 / 01 / 2007 Amount of Each Disbursement this Period 666.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |

SUBTOTAL of Disbursements This Page (optional) ▶

2435.88

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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Scott Coleman

Transaction ID: 80106.E8341
Date of Disbursement

Mailing Address 320 Kenarden Dr

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 5 | | 2 | 0 | 7 | |

City Highland Hts State OH Zip Code 44143-

Amount of Each Disbursement this Period

| |
|--------|
| 666.66 |
|--------|

Purpose of Disbursement
PAYROLL

| |
|--|
| |
|--|

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

Candidate Name

| |
|--|
| |
|--|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL

State: District:

B.

Full Name (Last, First, Middle Initial)
Continental Airlines

Transaction ID: 71203.E8274
Date of Disbursement

Mailing Address Cleveland Hopkins Airport

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

City Cleveland State OH Zip Code 44127-

Amount of Each Disbursement this Period

| |
|--------|
| 482.80 |
|--------|

Purpose of Disbursement
FLIGHT

| |
|--|
| |
|--|

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

Candidate Name

| |
|--|
| |
|--|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

FLIGHT

State: District:

C.

Full Name (Last, First, Middle Initial)
Dino DiSanto

Transaction ID: 80106.E8333
Date of Disbursement

Mailing Address 12550 Concord Hambden Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 1 | | 2 | 0 | 7 | |

City Chardon State OH Zip Code 44024-

Amount of Each Disbursement this Period

| |
|--------|
| 534.94 |
|--------|

Purpose of Disbursement
PAYROLL

| |
|--|
| |
|--|

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

Candidate Name

| |
|--|
| |
|--|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 1684.40 |
|---------|

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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Dino DiSanto

Transaction ID: 71203.E8288
Date of Disbursement

Mailing Address 12550 Concord Hambden Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 1 | | 2 | 0 | 7 | 7 |

City Chardon State OH Zip Code 44024-

Amount of Each Disbursement this Period

| |
|--------|
| 534.94 |
|--------|

Purpose of Disbursement
PAYROLL

| |
|--|
| |
|--|

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

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL

State: District:

B.

Full Name (Last, First, Middle Initial)
Dino DiSanto

Transaction ID: 80106.E8339
Date of Disbursement

Mailing Address 12550 Concord Hambden Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 5 | | 2 | 0 | 7 | 7 |

City Chardon State OH Zip Code 44024-

Amount of Each Disbursement this Period

| |
|--------|
| 534.93 |
|--------|

Purpose of Disbursement
PAYROLL

| |
|--|
| |
|--|

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

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL

State: District:

C.

Full Name (Last, First, Middle Initial)
Don Kuchta For Mayor

Transaction ID: 71203.E8315
Date of Disbursement

Mailing Address 5021 Fairlawn Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 5 | | 2 | 0 | 7 | 7 |

City Cleveland State OH Zip Code 44124-

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Purpose of Disbursement
Event Fee

| |
|--|
| |
|--|

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

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EVENT FEE

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1319.87 |
|---------|

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)
LaTourette For Congress Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Extra Space Storage <hr/> Mailing Address 7379 Mentor Ave. <hr/> City Mentor State OH Zip Code 44060- <hr/> Purpose of Disbursement STORAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8268 Date of Disbursement 10 / 12 / 2007 <hr/> Amount of Each Disbursement this Period 170.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE |
| B. | Full Name (Last, First, Middle Initial) Extra Space Storage <hr/> Mailing Address 7379 Mentor Ave. <hr/> City Mentor State OH Zip Code 44060- <hr/> Purpose of Disbursement Storage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8301 Date of Disbursement 11 / 04 / 2007 <hr/> Amount of Each Disbursement this Period 170.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE |
| C. | Full Name (Last, First, Middle Initial) Extra Space Storage <hr/> Mailing Address 7379 Mentor Ave. <hr/> City Mentor State OH Zip Code 44060- <hr/> Purpose of Disbursement Storage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8320 Date of Disbursement 11 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 170.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 510.00 |
| 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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Extra Space Storage

Transaction ID: 80106.E8357
Date of Disbursement

Mailing Address 7379 Mentor Ave.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 1 | 9 | | 2 | 0 | 7 | |

City State Zip Code
Mentor OH 44060-

Amount of Each Disbursement this Period

| |
|--------|
| 170.00 |
|--------|

Purpose of Disbursement
Storage

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

STORAGE

State: District:

B.

Full Name (Last, First, Middle Initial)
Gandels

Transaction ID: 71203.E8253
Date of Disbursement

Mailing Address 211 Pennsylvania Ave. S.E.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 2 | | 2 | 0 | 7 | |

City State Zip Code
Washington DC 20004-

Amount of Each Disbursement this Period

| |
|-------|
| 92.83 |
|-------|

Purpose of Disbursement
BEVERAGES FOR FUNDRAISER

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

BEVERAGES FOR FUNDRAISER

State: District:

C.

Full Name (Last, First, Middle Initial)
Gandels

Transaction ID: 80106.E8350
Date of Disbursement

Mailing Address 211 Pennsylvania Ave. S.E.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 9 | | 2 | 0 | 7 | |

City State Zip Code
Washington DC 20004-

Amount of Each Disbursement this Period

| |
|--------|
| 142.41 |
|--------|

Purpose of Disbursement
Beverages for Fundraiser

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

BEVERAGES FOR FUNDRAISER

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|--------|
| 405.24 |
|--------|

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)
LaTourette For Congress Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Geauga County | Transaction ID: 71203.E8242 Date of Disbursement 10 / 02 / 2007 |
| | Mailing Address Historical Society 14653 East Park Street | Amount of Each Disbursement this Period 250.00 |
| | City Burton | State OH |
| | Zip Code 44021- | |
| | Purpose of Disbursement EVENT FEE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | EVENT FEE |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Hunan Dynasty | Transaction ID: 80128.E8368 Date of Disbursement 11 / 07 / 2007 |
| | Mailing Address 215 Pennsylvania Ave. | Amount of Each Disbursement this Period 985.00 |
| | City Washington | State DC |
| | Zip Code 20003- | |
| | Purpose of Disbursement Catering | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | CATERING |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Keybank | Transaction ID: 71203.E8230 Date of Disbursement 10 / 01 / 2007 |
| | Mailing Address 8 N. State Street | Amount of Each Disbursement this Period 745.78 |
| | City Painesville | State OH |
| | Zip Code 44077- | |
| | Purpose of Disbursement TAXES | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | TAXES |

SUBTOTAL of Disbursements This Page (optional) ▶

1980.78

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)
LaTourette For Congress Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Keybank Mailing Address 8 N. State Street City Painesville State OH Zip Code 44077- Purpose of Disbursement TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8231 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 24.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES |
| B. | Full Name (Last, First, Middle Initial) Keybank Mailing Address 8 N. State Street City Painesville State OH Zip Code 44077- Purpose of Disbursement TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8272 Date of Disbursement 10 / 13 / 2007 Amount of Each Disbursement this Period 1206.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES |
| C. | Full Name (Last, First, Middle Initial) Keybank Mailing Address 8 N. State Street City Painesville State OH Zip Code 44077- Purpose of Disbursement BANK CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8287 Date of Disbursement 10 / 31 / 2007 Amount of Each Disbursement this Period 3.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANK CHARGES |

SUBTOTAL of Disbursements This Page (optional) ▶

1233.50

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)
LaTourette For Congress Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Keybank Mailing Address 8 N. State Street City Painesville State OH Zip Code 44077- Purpose of Disbursement taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8299 Date of Disbursement 11 / 01 / 2007 Amount of Each Disbursement this Period 1212.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES |
| B. | Full Name (Last, First, Middle Initial) Keybank Mailing Address 8 N. State Street City Painesville State OH Zip Code 44077- Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80128.E8369 Date of Disbursement 11 / 30 / 2007 Amount of Each Disbursement this Period 29.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANK CHARGES |
| C. | Full Name (Last, First, Middle Initial) Keybank Mailing Address 8 N. State Street City Painesville State OH Zip Code 44077- Purpose of Disbursement TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80106.E8343 Date of Disbursement 12 / 05 / 2007 Amount of Each Disbursement this Period 2797.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES |

SUBTOTAL of Disbursements This Page (optional) ▶

4038.84

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)

PAGE 63 / 80

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
LaTourette For Congress Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Matthew Lowe <hr/> Mailing Address 1006 Devere Dr <hr/> City Silver Spring State MD Zip Code 20903-1624 <hr/> Purpose of Disbursement INFORMATION CONSULTANT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8247 Date of Disbursement 10 / 02 / 2007 <hr/> Amount of Each Disbursement this Period 8000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INFORMATION CONSULTANT |
| B. | Full Name (Last, First, Middle Initial) Matthew Lowe <hr/> Mailing Address 1006 Devere Dr <hr/> City Silver Spring State MD Zip Code 20903-1624 <hr/> Purpose of Disbursement INFORMATION CONSULTANT Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8267 Date of Disbursement 10 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 2615.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INFORMATION CONSULTANT |
| C. | Full Name (Last, First, Middle Initial) Re-elect Luhta Trustee <hr/> Mailing Address 12361 Concord Hambden Rd <hr/> City Concord Twp State OH Zip Code 44077-9569 <hr/> Purpose of Disbursement Event Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8277 Date of Disbursement 10 / 22 / 2007 <hr/> 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 EVENT FEE |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 10865.95 |
| 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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Mentor Chamber of Commerce

Transaction ID: 71203.E8270
Date of Disbursement

Mailing Address 7547 Mentor Ave.

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

City Mentor State OH Zip Code 44060-

Amount of Each Disbursement this Period

| |
|-------|
| 20.00 |
|-------|

Purpose of Disbursement
EVENT FEE

| |
|--|
| |
|--|

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EVENT FEE

State: District:

B.

Full Name (Last, First, Middle Initial)
Mentor Chamber of Commerce

Transaction ID: 71203.E8308
Date of Disbursement

Mailing Address 7547 Mentor Ave.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 1 | 1 | | 2 | 0 | 0 | 7 |

City Mentor State OH Zip Code 44060-

Amount of Each Disbursement this Period

| |
|-------|
| 30.00 |
|-------|

Purpose of Disbursement
Event Fee

| |
|--|
| |
|--|

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EVENT FEE

State: District:

C.

Full Name (Last, First, Middle Initial)
News Herald NIE

Transaction ID: 71203.E8275
Date of Disbursement

Mailing Address 38879 Mentor Ave

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 2 | | 2 | 0 | 0 | 7 |

City Mentor State OH Zip Code 44060-

Amount of Each Disbursement this Period

| |
|-------|
| 25.00 |
|-------|

Purpose of Disbursement
EVENT FEE

| |
|--|
| |
|--|

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EVENT FEE

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|-------|
| 75.00 |
|-------|

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

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| |
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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)
LaTourette For Congress Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Nordonia Hills Mailing Address Chamber of Commerce P.O. Box 34 City Northfield State OH Zip Code 44067- Purpose of Disbursement Event Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8310 Date of Disbursement 11 / 11 / 2007 Amount of Each Disbursement this Period 5.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FEE |
| B. | Full Name (Last, First, Middle Initial) Ohio Dept. of Jobs Mailing Address And Family Services 145 S. Front St. City Columbus State OH Zip Code 43215- Purpose of Disbursement TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8233 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 66.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES |
| C. | Full Name (Last, First, Middle Initial) Ohio Treasurer Mailing Address 30 E. Broad St. 9 Th Floor City State Departments State OH Zip Code 43266-0421 Purpose of Disbursement TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8232 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 440.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES |

SUBTOTAL of Disbursements This Page (optional) ▶

511.64

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Postmaster Mailing Address 5528 Mayfield Road City Lyndhurst State OH Zip Code 44124- Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8321 Date of Disbursement 11 / 15 / 2007 Amount of Each Disbursement this Period 1435.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE |
| B. | Full Name (Last, First, Middle Initial) Postmaster Mailing Address 5528 Mayfield Road City Lyndhurst State OH Zip Code 44124- Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8313 Date of Disbursement 11 / 15 / 2007 Amount of Each Disbursement this Period 82.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE |
| C. | Full Name (Last, First, Middle Initial) R. I. T. A. Mailing Address Regional Income Tax Agency 10107 Brecksville Rd. City Brecksville State OH Zip Code 44141- Purpose of Disbursement TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80106.E8332 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 25.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES |

SUBTOTAL of Disbursements This Page (optional) ▶

1542.85

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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
R. I. T. A.

Transaction ID: 71203.E8297
Date of Disbursement

Mailing Address Regional Income Tax Agency
10107 Breksville Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | | 0 | 1 | | 2 | 0 | 0 | 7 |

City Breksville State OH Zip Code 44141-

Amount of Each Disbursement this Period

| |
|-------|
| 39.99 |
|-------|

Purpose of Disbursement
Taxes

| |
|--|
| |
|--|

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

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TAXES

State: District:

B.

Full Name (Last, First, Middle Initial)
R. I. T. A.

Transaction ID: 80106.E8344
Date of Disbursement

Mailing Address Regional Income Tax Agency
10107 Breksville Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 5 | | 2 | 0 | 0 | 7 |

City Breksville State OH Zip Code 44141-

Amount of Each Disbursement this Period

| |
|-------|
| 71.12 |
|-------|

Purpose of Disbursement
TAXES

| |
|--|
| |
|--|

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

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TAXES

State: District:

C.

Full Name (Last, First, Middle Initial)
Redhawk Grille

Transaction ID: 71203.E8260
Date of Disbursement

Mailing Address Quail Howell Rd.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 2 | | 2 | 0 | 0 | 7 |

City Painesville State OH Zip Code 44077-

Amount of Each Disbursement this Period

| |
|-------|
| 98.25 |
|-------|

Purpose of Disbursement
Campaign meeting

| |
|--|
| |
|--|

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

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CAMPAIGN MEETING

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|--------|
| 209.36 |
|--------|

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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Redhawk Grille

Mailing Address Quail Howell Rd.

City Painesville State OH Zip Code 44077-

Purpose of Disbursement
Campaign meeting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71203.E8257

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

20.89

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

CAMPAIGN MEETING

B.

Full Name (Last, First, Middle Initial)
Redhawk Grille

Mailing Address Quail Howell Rd.

City Painesville State OH Zip Code 44077-

Purpose of Disbursement
Campaign Meeting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71203.E8258

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

58.45

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

CAMPAIGN MEETING

C.

Full Name (Last, First, Middle Initial)
Redhawk Grille

Mailing Address Quail Howell Rd.

City Painesville State OH Zip Code 44077-

Purpose of Disbursement
Campaign Meeting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71203.E8296

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

70.54

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

CAMPAIGN MEETING

SUBTOTAL of Disbursements This Page (optional) ▶

149.88

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)
LaTourette For Congress Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Matt Riehl | Transaction ID: 71203.E8248 Date of Disbursement 10 / 02 / 2007 |
| | Mailing Address 2080 Maple Rd. | Amount of Each Disbursement this Period 1000.00 |
| | City Stow State OH Zip Code 44224- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement DISTRICT LIAISON Candidate Name | DISTRICT LIAISON |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) Matt Riehl | Transaction ID: 71203.E8291 Date of Disbursement 11 / 01 / 2007 |
| | Mailing Address 2080 Maple Rd. | Amount of Each Disbursement this Period 1000.00 |
| | City Stow State OH Zip Code 44224- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement DISTRICT LIAISON Candidate Name | DISTRICT LIAISON |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial) Matt Riehl | Transaction ID: 80106.E8342 Date of Disbursement 12 / 05 / 2007 |
| | Mailing Address 2080 Maple Rd. | Amount of Each Disbursement this Period 1000.00 |
| | City Stow State OH Zip Code 44224- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement DISTRICT LIAISON Candidate Name | DISTRICT LIAISON |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3000.00 |
| 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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
S. C. M. Associates

Mailing Address PO Box 254

City State Zip Code
Dublin NH 03444-

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71203.E8246

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

5192.00

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

PRINTING

B.

Full Name (Last, First, Middle Initial)
Steve Phillips

Mailing Address SHOWBIZ PRODUCTIONS
8301 ASHFORD BLVD.

City State Zip Code
Laurel MD 20707-

Purpose of Disbursement
Appreciation Dinner

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80106.E8338

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

1500.00

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

APPRECIATION DINNER

C.

Full Name (Last, First, Middle Initial)
Stow Monroe Falls

Mailing Address Chamber of Commerce
4381 Hudson Dr. Suite K2

City State Zip Code
Stow OH 44224-

Purpose of Disbursement
EVENT FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71203.E8271

Date of Disbursement

10 / 13 / 2007

Amount of Each Disbursement this Period

20.00

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

EVENT FEE

SUBTOTAL of Disbursements This Page (optional)

6712.00

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)
LaTourette For Congress Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Time Warner Mailing Address 3300 Lakeside Ave. City Cleveland State OH Zip Code 44114- Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80106.E8361 Date of Disbursement 12 / 23 / 2007 Amount of Each Disbursement this Period 45.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET |
| B. | Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address 17940 Englewood Drive City Middleburg Heights State OH Zip Code 44130- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8237 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 34.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE |
| C. | Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address 17940 Englewood Drive City Middleburg Heights State OH Zip Code 44130- Purpose of Disbursement DELIVERY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8281 Date of Disbursement 10 / 22 / 2007 Amount of Each Disbursement this Period 23.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DELIVERY |

SUBTOTAL of Disbursements This Page (optional) ▶

103.98

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)
LaTourette For Congress Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address 17940 Englewood Drive City Middleburg Heights State OH Zip Code 44130- Purpose of Disbursement SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8282 Date of Disbursement 10 / 22 / 2007 Amount of Each Disbursement this Period 64.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING |
| B. | Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address 17940 Englewood Drive City Middleburg Heights State OH Zip Code 44130- Purpose of Disbursement Delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8298 Date of Disbursement 11 / 01 / 2007 Amount of Each Disbursement this Period 100.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DELIVERY |
| C. | Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address 17940 Englewood Drive City Middleburg Heights State OH Zip Code 44130- Purpose of Disbursement Delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8305 Date of Disbursement 11 / 11 / 2007 Amount of Each Disbursement this Period 45.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DELIVERY |

SUBTOTAL of Disbursements This Page (optional) ▶

210.17

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)
LaTourette For Congress Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) United Parcel Service | Transaction ID: 71203.E8327 Date of Disbursement 11 / 15 / 2007 |
| | Mailing Address 17940 Englewood Drive | Amount of Each Disbursement this Period 15.73 |
| | City Middleburg Heights State OH Zip Code 44130- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Delivery | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | DELIVERY |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) United Parcel Service | Transaction ID: 80106.E8356 Date of Disbursement 12 / 19 / 2007 |
| | Mailing Address 17940 Englewood Drive | Amount of Each Disbursement this Period 12.70 |
| | City Middleburg Heights State OH Zip Code 44130- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Delivery | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | DELIVERY |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) United Parcel Service | Transaction ID: 80106.E8362 Date of Disbursement 12 / 23 / 2007 |
| | Mailing Address 17940 Englewood Drive | Amount of Each Disbursement this Period 36.08 |
| | City Middleburg Heights State OH Zip Code 44130- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Delivery | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | DELIVERY |

SUBTOTAL of Disbursements This Page (optional) ▶

64.51

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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address 17940 Englewood Drive

City Middleburg Heights State OH Zip Code 44130-

Purpose of Disbursement
Delivery

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80106.E8364
Date of Disbursement

12 / 30 / 2007

Amount of Each Disbursement this Period

13.69

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

DELIVERY

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address 5945 Mayfield Rd.

City Cleveland State OH Zip Code 44124-

Purpose of Disbursement
CELLPHONE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71203.E8251
Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

209.85

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

CELLPHONE

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address 5945 Mayfield Rd.

City Cleveland State OH Zip Code 44124-

Purpose of Disbursement
Cellphone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71203.E8303
Date of Disbursement

11 / 11 / 2007

Amount of Each Disbursement this Period

234.92

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

CELLPHONE

SUBTOTAL of Disbursements This Page (optional)

458.46

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)
LaTourette For Congress Committee

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 5945 Mayfield Rd. City Cleveland State OH Zip Code 44124- Purpose of Disbursement Cellphone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80106.E8354 Date of Disbursement 12 / 19 / 2007 Amount of Each Disbursement this Period 217.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELLPHONE |
| B. | Full Name (Last, First, Middle Initial) Wickliffe Floral Co Mailing Address 29609 Euclid Ave. City Wickliffe State OH Zip Code 44092- Purpose of Disbursement SYMPATHY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8235 Date of Disbursement 10 / 01 / 2007 Amount of Each Disbursement this Period 362.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SYMPATHY |
| C. | Full Name (Last, First, Middle Initial) Wickliffe Floral Co Mailing Address 29609 Euclid Ave. City Wickliffe State OH Zip Code 44092- Purpose of Disbursement SYMPATHY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8244 Date of Disbursement 10 / 02 / 2007 Amount of Each Disbursement this Period 66.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SYMPATHY |

SUBTOTAL of Disbursements This Page (optional) ▶

646.17

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)
LaTourette For Congress Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Wickliffe Floral Co <hr/> Mailing Address 29609 Euclid Ave. <hr/> City Wickliffe State OH Zip Code 44092- <hr/> Purpose of Disbursement SYMPATHY Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8283 Date of Disbursement 10 / 22 / 2007 <hr/> Amount of Each Disbursement this Period 384.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SYMPATHY |
| B. | Full Name (Last, First, Middle Initial) Wickliffe Floral Co <hr/> Mailing Address 29609 Euclid Ave. <hr/> City Wickliffe State OH Zip Code 44092- <hr/> Purpose of Disbursement Sympathy Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8302 Date of Disbursement 11 / 10 / 2007 <hr/> Amount of Each Disbursement this Period 420.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SYMPATHY |
| C. | Full Name (Last, First, Middle Initial) Wickliffe Floral Co <hr/> Mailing Address 29609 Euclid Ave. <hr/> City Wickliffe State OH Zip Code 44092- <hr/> Purpose of Disbursement Sympathy Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 71203.E8319 Date of Disbursement 11 / 15 / 2007 <hr/> Amount of Each Disbursement this Period 275.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SYMPATHY |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1079.42 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Wickliffe Floral Co

Mailing Address 29609 Euclid Ave.

City Wickliffe State OH Zip Code 44092-

Purpose of Disbursement
SYMPATHY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80106.E8348
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 9 | | 2 | 0 | 0 | 7 |

Amount of Each Disbursement this Period

| |
|-------|
| 73.44 |
|-------|

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

SYMPATHY

B.

Full Name (Last, First, Middle Initial)
Wickliffe Floral Co

Mailing Address 29609 Euclid Ave.

City Wickliffe State OH Zip Code 44092-

Purpose of Disbursement
Sympathy

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80106.E8360
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 296.63 |
|--------|

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

SYMPATHY

SUBTOTAL of Disbursements This Page (optional) ►

| |
|--------|
| 370.07 |
|--------|

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

| |
|----------|
| 68381.94 |
|----------|

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
LaTourette For Congress Committee

A.

Full Name (Last, First, Middle Initial)
Ogonowski For Congress

Mailing Address 110 Pelham Rd

City State Zip Code
Dracut MA 01826-1606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71203.E8250
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 0 | 2 | / | 2 | 0 | 0 | 7 |

Amount of Each Disbursement this Period

| |
|---------|
| 2300.00 |
|---------|

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

B.

Full Name (Last, First, Middle Initial)
Summit County

Mailing Address Republican Club
3189 Market St

City State Zip Code
Northfield OH 44067-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 71203.E8273
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|----------|
| 10000.00 |
|----------|

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

SUBTOTAL of Disbursements This Page (optional) ►

12300.00

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

12300.00