

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE

07 OCT 15 PM 3:21

Office Use Only

1. NAME OF  
COMMITTEE (in full)

USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼

Example: If typing, type  
over the lines

FRIENDS OF BLANCHE LINCOLN

ADDRESS (number and street)

P.O. Box 3197

☐

Check if different  
than previously  
reported. (ACC)

Little Rock

AR

72203

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00255463

3. IS THIS  
REPORT

☒

NEW  
(N)

OR

☐

AMENDED  
(A)

AR

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on




in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on




in the  
State of

5. Covering Period

07

01

2007

through

09

30

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

Walter Wright, Jr.

Signature of Treasurer

*Walter Wright, Jr.*

Date

10

11

2007

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

Office  
Use  
Only

**FEC FORM 3**

(Revised 02/2003)

27020333930

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

FRIENDS OF BLANCHE LINCOLN

Report Covering the Period:

From:

MM	DD	YYYY
07	01	2007

To:

MM	DD	YYYY
09	30	2007

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	69628.54	578822.23
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	3400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	69628.54	575422.23
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	31914.27	583075.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	323.17	33250.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31591.10	549824.56
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	244519.95	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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

27020333931

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
FRIENDS OF BLANCHE LINCOLN

Report Covering the Period:

From:

MM	DD	YYYY
07	01	2007

To:

MM	DD	YYYY
09	30	2007

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	20700.00	128986.17
(i) Itemized (use Schedule A).....	5075.00	23030.00
(ii) Unitemized.....	25775.00	152016.17
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	43853.54	426806.06
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	69628.54	578822.23
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	323.17	33250.48
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	1793.37	12274.50
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	71745.08	624347.21

27020333932

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**
**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES.....

31914.27

583075.04

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

3400.00

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

0.00

3400.00

21. OTHER DISBURSEMENTS.....

106550.00

282255.27

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) >

138464.27

868730.31

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

311239.14

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....

71745.08

25. SUBTOTAL (add Line 23 and Line 24).....

382984.22

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

138464.27

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

244519.95

27020333933

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

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

FOR LINE NUMBER:		PAGE 5 / 67	
(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			

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)  
FRIENDS OF BLANCHE LINCOLN

<b>A.</b> Full Name (Last, First, Middle Initial) Brad Heffington Mailing Address 2530 N US HWY 385 City Littlefield State TX Zip Code 79339 FEC ID number of contributing federal political committee. C Name of Employer self Occupation farmer Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 24 / 2007 Transaction ID: C3654670 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Gearey Ammons Mailing Address P.O. Box 5443 City West Memphis State AR Zip Code 72303 FEC ID number of contributing federal political committee. C Name of Employer self Occupation real estate Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 09 / 03 / 2007 Transaction ID: C3655200 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Martha McKay Mailing Address 1527 Bream Road City Hughes State AR Zip Code 72348 FEC ID number of contributing federal political committee. C Name of Employer self Occupation farming Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 09 / 03 / 2007 Transaction ID: C3655210 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		1200.00
<b>TOTAL</b> This Period (last page this line number only) .....		

27020333934

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

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

FOR LINE NUMBER: PAGE 6 / 67

(check only one)

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

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NAME OF COMMITTEE (in Full)  
FRIENDS OF BLANCHE LINCOLN

A. Full Name (Last, First, Middle Initial)  
James Jay Baker  
Mailing Address P.O. Box 444

City State Zip Code  
Barnesville MD 20838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
government relations

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2007

Transaction ID: C3660700

Amount of Each Receipt this Period

250.00

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

B. Full Name (Last, First, Middle Initial)  
Phil Alford  
Mailing Address P.O. Box 1024

City State Zip Code  
Lewisville AR 71845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
cattle rancher

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

08 / 24 / 2007

Transaction ID: C3654641

Amount of Each Receipt this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)  
Stacy Smith  
Mailing Address 429 FM 1730

City State Zip Code  
Wilson TX 79381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
farmer

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

08 / 24 / 2007

Transaction ID: C3654671

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

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

FOR LINE NUMBER:		PAGE 7 / 67	
(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)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Nancy Giblin</b> Mailing Address <b>1304 Chancel Place</b> City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY <b>09 / 30 / 2007</b> Transaction ID: <b>C3660701</b> Amount of Each Receipt this Period <b>250.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer <b>none</b> Occupation <b>Homemaker</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <b>250.00</b>		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Bill Kubecka</b> Mailing Address <b>P.O. Box 1024</b> City <b>Palacios</b> State <b>TX</b> Zip Code <b>77465</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY <b>08 / 24 / 2007</b> Transaction ID: <b>C3654652</b> Amount of Each Receipt this Period <b>500.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer <b>self</b> Occupation <b>farmer</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <b>500.00</b>		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Tal Goldsby</b> Mailing Address <b>76 Bass Road</b> City <b>Hughes</b> State <b>AR</b> Zip Code <b>72348</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY <b>09 / 03 / 2007</b> Transaction ID: <b>C3655212</b> Amount of Each Receipt this Period <b>500.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer <b>self</b> Occupation <b>farming</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <b>500.00</b>		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....		

27020333936

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

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

FOR LINE NUMBER:		PAGE 8 / 67	
(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)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A.</b> Full Name (Last, First, Middle Initial) Lynne Walton		Date of Receipt MM / DD / YYYY 09 / 30 / 2007	
Mailing Address 308 Northeast C		Transaction ID: C3660702	
City Bentonville	State AR	Zip Code 72712	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Corner Bookstore		Occupation Owner	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4600.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Marble Brothers Farms		Date of Receipt MM / DD / YYYY 08 / 01 / 2007	
Mailing Address P.O. Box 68		Transaction ID: C3648012	
City South Plains	State TX	Zip Code 79258	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self		Occupation farming	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Broderick Johnson		Date of Receipt MM / DD / YYYY 07 / 16 / 2007	
Mailing Address 700 13th Street, NW Suite 500		Transaction ID: C3589823	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bryan Cave Strategies		Occupation President	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		1200.00	
<b>TOTAL</b> This Period (last page this line number only) .....			

27020333937



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

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

FOR LINE NUMBER: **PAGE 9 / 67**

(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)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A.</b> Full Name (Last, First, Middle Initial) George Weyerhaeuser Mailing Address P.O. Box 9777 City State Zip Code Federal Way WA 98063 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 08 / 24 / 2007 Transaction ID: C3654643 Amount of Each Receipt this Period 2000.00
Name of Employer Weyerhaeuser Occupation CEO Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) R.L. Bearden Mailing Address P.O. Box 935 City State Zip Code Plains TX 79355 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 08 / 24 / 2007 Transaction ID: C3654653 Amount of Each Receipt this Period 500.00
Name of Employer self Occupation farmer Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Anne Gates Mailing Address 125 Horseshoe Point City State Zip Code Hughes AR 72348 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2007 Transaction ID: C3655213 Amount of Each Receipt this Period 300.00
Name of Employer none Occupation retired Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		2800.00
<b>TOTAL</b> This Period (last page this line number only) .....		

27020333938

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

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

FOR LINE NUMBER: PAGE 10 / 67  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A.</b> Full Name (Last, First, Middle Initial) Lynne Walton Mailing Address 308 Northeast C  City Bentonville State AR Zip Code 72712  FEC ID number of contributing federal political committee. C		Date of Receipt MM / DD / YYYY 09 / 30 / 2007  Transaction ID: C3660703  Amount of Each Receipt this Period 2300.00  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 Name of Employer The Corner Bookstore Occupation Owner  Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Ronnie Holt Mailing Address P.O. Box 304  City Muleshoe State TX Zip Code 79347  FEC ID number of contributing federal political committee. C		Date of Receipt MM / DD / YYYY 08 / 24 / 2007  Transaction ID: C3654644  Amount of Each Receipt this Period 500.00  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 Name of Employer self Occupation farmer  Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) William Clarke Mailing Address 108 Horseshoe Point  City Hughes State AR Zip Code 72348  FEC ID number of contributing federal political committee. C		Date of Receipt MM / DD / YYYY 09 / 03 / 2007  Transaction ID: C3655214  Amount of Each Receipt this Period 500.00  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 Name of Employer none Occupation retired  Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		3300.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER:	PAGE 11 / 67
(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"/> 15	

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A.</b> Full Name (Last, First, Middle Initial) S. Robson Walton Mailing Address P.O. Box 1860 City Bentonville State AR Zip Code 72712 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660704 Amount of Each Receipt this Period 200.00
Name of Employer Walton Enterprises Occupation executive Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Lust Mailing Address 2946 IH 27 City Abernathy State TX Zip Code 79311 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 08 / 24 / 2007 Transaction ID: C3654645 Amount of Each Receipt this Period 300.00
Name of Employer self Occupation farmer Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Murphy Mailing Address 800 Wingate City West Memphis State AR Zip Code 72301 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2007 Transaction ID: C3655195 Amount of Each Receipt this Period 250.00
Name of Employer Fidelity National Bank Occupation chairman Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		750.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER:		PAGE 12 / 67	
(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)  
FRIENDS OF BLANCHE LINCOLN

<b>A.</b> Full Name (Last, First, Middle Initial) John Breaux Mailing Address 27188 Bailey S Neck Road City Easton State MD Zip Code 21601 FEC ID number of contributing federal political committee. C		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660695 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) S. Robson Walton Mailing Address P.O. Box 1860 City Bentonville State AR Zip Code 72712 FEC ID number of contributing federal political committee. C Name of Employer Walton Enterprises Occupation executive Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660705 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Teresa Shannon Mailing Address 12845 Horseshoe Circle City Hughes State AR Zip Code 72348 FEC ID number of contributing federal political committee. C Name of Employer none Occupation housewife Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00		Date of Receipt MM / DD / YYYY 09 / 03 / 2007 Transaction ID: C3655215 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional)		1200.00
<b>TOTAL</b> This Period (last page this line number only)		

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

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

FOR LINE NUMBER: **PAGE 13 / 67**

(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)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A. Gearey Ammons</b> Full Name (Last, First, Middle Initial) Mailing Address <b>P.O. Box 5443</b> City <b>West Memphis</b> State <b>AR</b> Zip Code <b>72303</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer self Occupation <b>real estate</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <b>300.00</b>		Date of Receipt <b>09 / 03 / 2007</b> Transaction ID: <b>C3655196</b> Amount of Each Receipt this Period <b>100.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B. Anne Heard Stokes</b> Full Name (Last, First, Middle Initial) Mailing Address <b>108 East Chickasaw Parkway</b> City <b>Memphis</b> State <b>TN</b> Zip Code <b>38111</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer none Occupation <b>housewife</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <b>500.00</b>		Date of Receipt <b>09 / 03 / 2007</b> Transaction ID: <b>C3655206</b> Amount of Each Receipt this Period <b>500.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C. James Williams</b> Full Name (Last, First, Middle Initial) Mailing Address <b>118 Viewtown Road</b> City <b>Amissville</b> State <b>VA</b> Zip Code <b>20106</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Ogily Government Relations Occupation <b>government relations</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <b>500.00</b>		Date of Receipt <b>09 / 30 / 2007</b> Transaction ID: <b>C3660696</b> Amount of Each Receipt this Period <b>500.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL of Receipts This Page (optional)</b>		<b>1100.00</b>
<b>TOTAL This Period (last page this line number only)</b>		

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

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

FOR LINE NUMBER: PAGE 14 / 67  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jim Walton</b> Mailing Address <b>308 Northeast C</b>  City <b>Bentonville</b> State <b>AR</b> Zip Code <b>72712</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY <b>09 / 30 / 2007</b> Transaction ID: <b>C3660706</b> Amount of Each Receipt this Period 200.00  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer <b>Arvest Bank</b> Occupation <b>Chair and CEO</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mark Howard</b> Mailing Address <b>1195 FM 2396</b>  City <b>Farwell</b> State <b>TX</b> Zip Code <b>79325</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY <b>08 / 01 / 2007</b> Transaction ID: <b>C3648016</b> Amount of Each Receipt this Period 300.00  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer <b>self</b> Occupation <b>farming</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Christopher Lamond</b> Mailing Address <b>4436 Burlington Place, N.W.</b>  City <b>Washington</b> State <b>DC</b> Zip Code <b>20016</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY <b>09 / 30 / 2007</b> Transaction ID: <b>C3660697</b> Amount of Each Receipt this Period 250.00  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer <b>Ogilvy Government Relations</b> Occupation <b>government relations</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 15 / 67

(check only one)

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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A.</b> Full Name (Last, First, Middle Initial) Jim Walton		Date of Receipt MM / DD / YYYY 09 / 30 / 2007
Mailing Address 308 Northeast C		Transaction ID: C3660707
City Bentonville	State AR	Zip Code 72712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Arvest Bank	Occupation Chair and CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	
<b>B.</b> Full Name (Last, First, Middle Initial) Tom Sell		Date of Receipt MM / DD / YYYY 08 / 24 / 2007
Mailing Address 2915 19th Street		Transaction ID: C3654648
City Lubbock	State TX	Zip Code 79410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Combest, Sell and Associates	Occupation partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2214.33	
<b>C.</b> Full Name (Last, First, Middle Initial) G. A. Robinson, III		Date of Receipt MM / DD / YYYY 09 / 03 / 2007
Mailing Address P.O. Box 3181		Transaction ID: C3655198
City Memphis	State TN	Zip Code 38173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer G.A. Robinson Land Co.	Occupation real estate/investments	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		2700.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER: PAGE 16 / 67  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A.</b> Full Name (Last, First, Middle Initial) Gordon Taylor Mailing Address 1331 H Street, NW 12th Floor City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660698 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Alice Walton Mailing Address 10587 Hwy 281 South City Mineral Wells State TX Zip Code 76067-0951 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660708 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) James English Mailing Address 9215 Brinkley Ln City Manassas State VA Zip Code 20110-5584 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660718 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		950.00
<b>TOTAL</b> This Period (last page this line number only) .....		



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

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

FOR LINE NUMBER: PAGE 17 / 67  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Bill Benton</b> Mailing Address <b>P.O. Box 978</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2007 Transaction ID: C3655208 Amount of Each Receipt this Period 500.00
City <b>West Memphis</b> FEC ID number of contributing federal political committee. <b>C</b>	State <b>AR</b> Zip Code <b>72303</b> Name of Employer <b>Planter's National Bank</b> Occupation <b>banker</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Chuck Barnett</b> Mailing Address <b>315 E Street, NE</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660689 Amount of Each Receipt this Period 500.00
City <b>Washington</b> FEC ID number of contributing federal political committee. <b>C</b>	State <b>DC</b> Zip Code <b>20002</b> Name of Employer <b>Alpine Group</b> Occupation <b>government relations</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Andrew M. Rosenberg</b> Mailing Address <b>112 N. Patrick Street</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660699 Amount of Each Receipt this Period 250.00
City <b>Alexandria</b> FEC ID number of contributing federal political committee. <b>C</b>	State <b>VA</b> Zip Code <b>22314</b> Name of Employer <b>Ogilvy Government Relations</b> Occupation <b>consultant</b> Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		1250.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER:		PAGE 18 / 67	
(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) <b>FRIENDS OF BLANCHE LINCOLN</b>
--

Full Name (Last, First, Middle Initial) <b>A. David Weaver</b>		Date of Receipt MM / DD / YYYY <b>08 / 01 / 2007</b>
Mailing Address <b>P.O. Box 270357</b>		Transaction ID: <b>C3648019</b>
City <b>Corpus Christi</b>	State <b>TX</b>	Zip Code <b>78427</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>300.00</b>	
Name of Employer Information Requested	Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Alice Walton</b>		Date of Receipt MM / DD / YYYY <b>09 / 30 / 2007</b>
Mailing Address <b>10587 Hwy 281 South</b>		Transaction ID: <b>C3660709</b>
City <b>Mineral Wells</b>	State <b>TX</b>	Zip Code <b>76067-0951</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>200.00</b>	
Name of Employer Rocking W. Ranch Inc.	Occupation <b>rancher</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4600.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>500.00</b>
TOTAL This Period (last page this line number only) .....	<b>20700.00</b>

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

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

FOR LINE NUMBER:		PAGE 19 / 67	
(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) <b>FRIENDS OF BLANCHE LINCOLN</b>
--

<b>A.</b> Full Name (Last, First, Middle Initial) American Quarterhorse Association PAC Mailing Address PO Box 20		Date of Receipt MM / DD / YYYY 08 / 24 / 2007
City State Zip Code Amarillo TX 79168-0001	Transaction ID: C3654650 Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00409102		
Name of Employer Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b> Full Name (Last, First, Middle Initial) Radiology Advocacy Alliance PAC Mailing Address 1891 Preston White Drive		Date of Receipt MM / DD / YYYY 09 / 30 / 2007
City State Zip Code Reston VA 20191-4397	Transaction ID: C3660690 Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00343459		
Name of Employer Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 6000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b> Full Name (Last, First, Middle Initial) Golden Peanut Company Mailing Address 100 North Point Center East Suite 400		Date of Receipt MM / DD / YYYY 09 / 30 / 2007
City State Zip Code Alpharetta GA 30022	Transaction ID: C3660710 Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00414805		
Name of Employer Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

27020333948

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

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

FOR LINE NUMBER:		PAGE 20 / 67	
(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)  
FRIENDS OF BLANCHE LINCOLN

<b>A. MedImmune</b> Full Name (Last, First, Middle Initial) Mailing Address 88816th St., NW Atten: Vanessa Proctor City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. <b>C</b> C00399725 Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660720 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B. Select Milk Producers PAC</b> Full Name (Last, First, Middle Initial) Mailing Address 320 W. Hermosa Drive City Artesia State NM Zip Code 88210 FEC ID number of contributing federal political committee. <b>C</b> C00375030 Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4500.00		Date of Receipt MM / DD / YYYY 08 / 24 / 2007 Transaction ID: C3654651 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C. Entergy Services, Inc. ENPAC</b> Full Name (Last, First, Middle Initial) Mailing Address 1776 Eye Street, NW, #275 City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. <b>C</b> C00363879 Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660691 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		5500.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER:		PAGE 21 / 67	
(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)  
**FRIENDS OF BLANCHE LINCOLN**

**A.** Full Name (Last, First, Middle Initial)  
**American Peanut Shellers Association PAC**  
Mailing Address **P.O. Box 70157**

City State Zip Code  
**Albany GA 31708**

FEC ID number of contributing federal political committee. **C C00214148**

Name of Employer Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**1000.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2007**

Transaction ID: **C3660711**  
Amount of Each Receipt this Period  
**1000.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**Institute of Scrap Recycling Industries PAC**  
Mailing Address **1325 G Street, NW Suite 1000**

City State Zip Code  
**Washington DC 20005**

FEC ID number of contributing federal political committee. **C C00046086**

Name of Employer Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**2500.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2007**

Transaction ID: **C3660721**  
Amount of Each Receipt this Period  
**2500.00**

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

**C.** Full Name (Last, First, Middle Initial)  
**Centerpoint Energy PAC**  
Mailing Address **P.O. Box 4567**

City State Zip Code  
**Houston TX 77210-4567**

FEC ID number of contributing federal political committee. **C C00333534**

Name of Employer Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
**2553.54**

Date of Receipt  
MM / DD / YYYY  
**08 / 13 / 2007**

Transaction ID: **C3654152**  
Amount of Each Receipt this Period  
**553.54**

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

\* In-Kind: room rental, staff support

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

**4053.54**

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

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

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

FOR LINE NUMBER: **PAGE 22 / 67**

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF BLANCHE LINCOLN**

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

Mailing Address **9111 Old Georgetown Road**

City **Bethesda** State **MD** Zip Code **20814**

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

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

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt **08 / 24 / 2007**

Transaction ID: **C3654642**

Amount of Each Receipt this Period **2500.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**Committee for Advancement of Cotton**

Mailing Address **1521 New Hampshire Ave., NW**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00023028**

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

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

Date of Receipt **09 / 30 / 2007**

Transaction ID: **C3660692**

Amount of Each Receipt this Period **1000.00**

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

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

Mailing Address **One Massachusetts Ave., NW, #800**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00172833**

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

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt **09 / 30 / 2007**

Transaction ID: **C3660712**

Amount of Each Receipt this Period **1000.00**

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

**SUBTOTAL** of Receipts This Page (optional) **4500.00**

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

27020333951

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

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

FOR LINE NUMBER: PAGE 23 / 67

(check only one)

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial)

A. Aegon Usa Inc Political Action Committee

Mailing Address 1111 North Charles Street

City

Baltimore

State

MD

Zip Code

21201

FEC ID number of contributing  
federal political committee.

C C00236414

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

09 / 30 / 2007

Transaction ID: C3660693

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

B. National Agricultural Aviation Assn.

Mailing Address 1005 E Street, SE

City

Washington

State

DC

Zip Code

20006-2102

FEC ID number of contributing  
federal political committee.

C C00341701

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

09 / 30 / 2007

Transaction ID: C3660713

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

C. United Egg Association

Mailing Address One Massachusetts Ave., NW, #800

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C C00172841

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2007

Transaction ID: C3660714

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

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

FOR LINE NUMBER:		PAGE 24 / 67	
(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)  
 FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial) A. Physical Therapy PAC		Date of Receipt
Mailing Address 1111 N. Fairfax Street		MM / DD / YYYY 09 / 30 / 2007
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee.	C C00012880	Transaction ID: C3660694
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	1000.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. Water PAC		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 900		MM / DD / YYYY 09 / 30 / 2007
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee.	C C00202184	Transaction ID: C3660715
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	2000.00
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. College of American Pathologists PAC		Date of Receipt
Mailing Address 1350 I Street, NW, #590		MM / DD / YYYY 07 / 16 / 2007
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee.	C C00274944	Transaction ID: C3589825
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	1000.00
		<input type="checkbox"/> 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) .....	

27020333953



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

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

FOR LINE NUMBER:		PAGE 25 / 67	
(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)  
FRIENDS OF BLANCHE LINCOLN

<b>A.</b> Full Name (Last, First, Middle Initial) American Health Care Association PAC Mailing Address 1201 L Street, NW City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b> C00006080 Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00		Date of Receipt MM / DD / YYYY 07 / 16 / 2007 Transaction ID: C3589826 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Texas Produce Association US PAC Mailing Address 901 BUSINESS PARK DR STE #500 City MISSION State TX Zip Code 78572 FEC ID number of contributing federal political committee. <b>C</b> C00350850 Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 24 / 2007 Transaction ID: C3654646 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> 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. <b>C</b> C00064766 Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660686 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		6000.00
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER:		PAGE 26 / 67	
(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) <b>FRIENDS OF BLANCHE LINCOLN</b>
--

Full Name (Last, First, Middle Initial) <b>A. Western Peanut Growers PAC</b>		Date of Receipt MM / DD / YYYY <b>09 / 30 / 2007</b>
Mailing Address <b>Box 252</b>		Transaction ID: <b>C3660716</b>
City <b>Seminole</b>	State <b>TX</b>	Zip Code <b>79360</b>
FEC ID number of contributing federal political committee. <b>C C00254847</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) <b>B. Covanta Energy PAC</b>		Date of Receipt MM / DD / YYYY <b>07 / 18 / 2007</b>
Mailing Address <b>40 Lane Road</b>		Transaction ID: <b>C3590187</b>
City <b>Fairfield</b>	State <b>NJ</b>	Zip Code <b>07004</b>
FEC ID number of contributing federal political committee. <b>C C00142158</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Cotton Warehouse GRC</b>		Date of Receipt MM / DD / YYYY <b>08 / 24 / 2007</b>
Mailing Address <b>499 South Capitol St. SW Suite 408</b>		Transaction ID: <b>C3654647</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>
FEC ID number of contributing federal political committee. <b>C C00035477</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <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) .....	<b>3000.00</b>
TOTAL This Period (last page this line number only) .....	

27020333955

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

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

FOR LINE NUMBER: PAGE 27 / 67

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF BLANCHE LINCOLN**

**A.** Full Name (Last, First, Middle Initial)  
Intuit 21st Century Leadership Fund  
Mailing Address 6220 Greenwich Drive

City State Zip Code  
**San Diego CA 92122**

FEC ID number of contributing federal political committee. **C C00361741**

Name of Employer Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

**09 / 30 / 2007**

Transaction ID: C3660717

Amount of Each Receipt this Period

2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
ESOP Association PAC  
Mailing Address 1726 M Street, NW #501

City State Zip Code  
**Washington DC 20036**

FEC ID number of contributing federal political committee. **C C00196089**

Name of Employer Occupation

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt

**09 / 30 / 2007**

Transaction ID: C3660687

Amount of Each Receipt this Period

2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Academy of Dermatology  
Mailing Address 1350 I St NW  
Ste 870

City State Zip Code  
**Washington DC 20005**

FEC ID number of contributing federal political committee. **C C00359539**

Name of Employer Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

**08 / 24 / 2007**

Transaction ID: C3654668

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

6800.00

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

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

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

FOR LINE NUMBER:		PAGE 28 / 67	
(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)  
 FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial) <b>A. Qwest PAC</b> Mailing Address 607 14th Street, Suite 950  City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b> C00237156 Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 1000.00		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660688 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) <b>B. Television &amp; Radio PAC (TARPAC)</b> Mailing Address 1771 N Street, NW  City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> C00009985 Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 2000.00		Date of Receipt MM / DD / YYYY 07 / 16 / 2007 Transaction ID: C3589829 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) <b>C. GENCORP POLITICAL ACTION COMMITTEE (GENPAC)</b> Mailing Address P.O. BOX 13222  City SACRAMENTO State CA Zip Code 95813 FEC ID number of contributing federal political committee. <b>C</b> C00129122 Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 2500.00		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660719 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> 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) .....		43853.54

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

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

FOR LINE NUMBER: PAGE 29 / 67

(check only one)

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

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

**A.** Full Name (Last, First, Middle Initial)  
U.S. Treasury

Mailing Address P.O. Box 660351

City State Zip Code  
Dallas TX 75266

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

Name of Employer Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
323.17

Date of Receipt

MM / DD / YYYY  
08 / 24 / 2007

Transaction ID: C3654654

Amount of Each Receipt this Period

323.17

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

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

323.17

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

323.17

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

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

FOR LINE NUMBER: PAGE 30 / 67  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A.</b> Full Name (Last, First, Middle Initial) Regions Bank Mailing Address 400 West Capitol City Little Rock State AR Zip Code 72201 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 12274.50		Date of Receipt MM / DD / YYYY 07 / 31 / 2007 Transaction ID: C3660744 Amount of Each Receipt this Period 618.81 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Regions Bank Mailing Address 400 West Capitol City Little Rock State AR Zip Code 72201 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 12274.50		Date of Receipt MM / DD / YYYY 08 / 31 / 2007 Transaction ID: C3660745 Amount of Each Receipt this Period 608.76 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Regions Bank Mailing Address 400 West Capitol City Little Rock State AR Zip Code 72201 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 12274.50		Date of Receipt MM / DD / YYYY 09 / 30 / 2007 Transaction ID: C3660746 Amount of Each Receipt this Period 565.80 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		1793.37
<b>TOTAL</b> This Period (last page this line number only) .....		1793.37

# 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 31 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A. Bank of America</b> Full Name (Last, First, Middle Initial) Mailing Address Payment Processing Center 5029 E. Sunrise Drive #1 City Phoenix State AZ Zip Code 85044 Purpose of Disbursement travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151570</b> Date of Disbursement 07 / 09 / 2007 Amount of Each Disbursement this Period 562.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. LADCO Leasing</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 5029 City Thousand Oaks State CA Zip Code 91360 Purpose of Disbursement card processing machine Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151580</b> Date of Disbursement 07 / 15 / 2007 Amount of Each Disbursement this Period 32.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Cydney Pearce</b> Full Name (Last, First, Middle Initial) Mailing Address 156 Orleans Drive City Maumelle State AR Zip Code 72113 Purpose of Disbursement payroll adjustment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151590</b> Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 124.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL of Disbursements This Page (optional)</b>		718.94
<b>TOTAL This Period (last page this line number only)</b>		

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A. American Express</b>		<b>Transaction ID: D151630</b>																					
Full Name (Last, First, Middle Initial)		Date of Disbursement																					
Mailing Address PO Box 1270		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	4		2	0	0	7														
City Newark State NJ Zip Code 07101-1270		Amount of Each Disbursement this Period																					
Purpose of Disbursement card processing fee		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>5.95</td></tr></table>																					5.95
									5.95														
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		Category/Type																					
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																							
<b>B. U.S. Senate Restaurant</b>		<b>Transaction ID: D151640</b>																					
Full Name (Last, First, Middle Initial)		Date of Disbursement																					
Mailing Address 1st and C Streets, N.E.		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	2		2	0	0	7														
City Washington State DC Zip Code 20510		Amount of Each Disbursement this Period																					
Purpose of Disbursement catering		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>184.27</td></tr></table>																					184.27
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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		Category/Type																					
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																							
<b>C. Ms. Megan Hess</b>		<b>Transaction ID: D151660</b>																					
Full Name (Last, First, Middle Initial)		Date of Disbursement																					
Mailing Address 2970 Shipping Avenue		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		3	0		2	0	0	7														
City Miami State FL Zip Code 33133		Amount of Each Disbursement this Period																					
Purpose of Disbursement Salary		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>681.58</td></tr></table>																					681.58
									681.58														
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		Category/Type																					
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																							
<b>SUBTOTAL of Disbursements This Page (optional)</b>		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>871.80</td></tr></table>																					871.80
									871.80														
<b>TOTAL This Period (last page this line number only)</b>		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					

27020333961



**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 33 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Transaction ID: D151740 Date of Disbursement 08 / 13 / 2007	
Mailing Address 5501 Fourche Dam Pike			
City Little Rock State AR Zip Code 72206		Amount of Each Disbursement this Period 32.68	
Purpose of Disbursement shipping Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>B. CDP Strategies, LLC</b>		Transaction ID: D151561 Date of Disbursement 07 / 01 / 2007	
Mailing Address 124 W. Capitol, #1630			
City Little Rock State AR Zip Code 72201		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement fundraising consulting fees Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>C. Cydney Pearce</b>		Transaction ID: D151581 Date of Disbursement 07 / 16 / 2007	
Mailing Address 156 Orleans Drive			
City Maumelle State AR Zip Code 72113		Amount of Each Disbursement this Period 82.43	
Purpose of Disbursement cell phone reimbursement Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		2615.11	
<b>TOTAL</b> This Period (last page this line number only) .....			

27020333962

**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 34 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Transaction ID: D151631 Date of Disbursement 09 / 05 / 2007	
Mailing Address PO Box 27-866		Amount of Each Disbursement this Period 258.62	
City Kansas City State MO Zip Code 64184-0866	Purpose of Disbursement telephone service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
Full Name (Last, First, Middle Initial) <b>B. Center for Healing Hearts</b>		Transaction ID: D151651 Date of Disbursement 09 / 21 / 2007	
Mailing Address 2416 S. Chester Street		Amount of Each Disbursement this Period 750.00	
City Little Rock State AR Zip Code 72206	Purpose of Disbursement sponsorship	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
Full Name (Last, First, Middle Initial) <b>C. Cydney Pearce</b>		Transaction ID: D151661 Date of Disbursement 09 / 30 / 2007	
Mailing Address 156 Orleans Drive		Amount of Each Disbursement this Period 408.12	
City Maumelle State AR Zip Code 72113	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		1416.74	
<b>TOTAL</b> This Period (last page this line number only) .....			

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial) <b>A. UPS</b>		Transaction ID: D151741 Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 5501 Fourche Dam Pike		Amount of Each Disbursement this Period 32.77	
City Little Rock State AR Zip Code 72206	Purpose of Disbursement shipping	<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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) <b>B. Metro</b>		Transaction ID: D151601 Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2007	
Mailing Address 124 Capitol Avenue		Amount of Each Disbursement this Period 194.54	
City Little Rock State AR Zip Code 72201	Purpose of Disbursement postage, shipping	<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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: D151562 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2007	
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 16.25	
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement card processing 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		243.56	
<b>TOTAL</b> This Period (last page this line number only) .....			

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial)  
A. Ms. Megan Hess

Mailing Address 2970 Shipping Avenue

City State Zip Code  
Miami FL 33133

Purpose of Disbursement  
blackberry/health insurance reimbur

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151582

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

350.95

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

Full Name (Last, First, Middle Initial)  
B. Arkansas Respiratory Health Association

Mailing Address 211 Natural Resources Drive

City State Zip Code  
Little Rock AR 72205

Purpose of Disbursement  
event tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151592

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

400.00

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

Full Name (Last, First, Middle Initial)  
C. Department of Finance & Administration

Mailing Address 401 DFA Bldg., 1509 W 7th

City State Zip Code  
Little Rock AR 72201

Purpose of Disbursement  
Payroll Tax

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151602

Date of Disbursement

08 / 13 / 2007

Amount of Each Disbursement this Period

21.95

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

SUBTOTAL of Disbursements This Page (optional) ▶

772.90

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 37 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A. Windstream</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 9001908 City Louisville State KY Zip Code 40290-1908 Purpose of Disbursement telephone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151632</b> Date of Disbursement 09 / 05 / 2007 Amount of Each Disbursement this Period 81.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Cydney Pearce</b> Full Name (Last, First, Middle Initial) Mailing Address 156 Orleans Drive City Maumelle State AR Zip Code 72113 Purpose of Disbursement cell reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151642</b> Date of Disbursement 09 / 14 / 2007 Amount of Each Disbursement this Period 83.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Department of Finance &amp; Administration</b> Full Name (Last, First, Middle Initial) Mailing Address 401 DFA Bldg., 1509 W 7th City Little Rock State AR Zip Code 72201 Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151572</b> Date of Disbursement 07 / 10 / 2007 Amount of Each Disbursement this Period 8.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		173.30
<b>TOTAL</b> This Period (last page this line number only) .....		

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

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

FOR LINE NUMBER:  
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PAGE 38 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<p><b>A. LADCO Leasing</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 5029</p> <p>City Thousand Oaks State CA Zip Code 91360</p> <p>Purpose of Disbursement card processing machine</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: D151563</b> Date of Disbursement 07 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 7.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B. Virginia Department of Taxation</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 27264</p> <p>City Richmond State VA Zip Code 23261-7264</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: D151573</b> Date of Disbursement 07 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 290.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C. FedEx</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 727</p> <p>City Memphis State TN Zip Code 38194-4741</p> <p>Purpose of Disbursement shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: D151583</b> Date of Disbursement 07 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 118.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p>415.27</p>

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 39 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 FRIENDS OF BLANCHE LINCOLN

<b>A. FedEx</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 727 City Memphis State TN Zip Code 38194-4741 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151603 Date of Disbursement 08 / 13 / 2007 Amount of Each Disbursement this Period 120.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Bookkeeping Solutions, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 130 White Oak Lane City Little Rock State AR Zip Code 72227 Purpose of Disbursement accounting service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151613 Date of Disbursement 08 / 21 / 2007 Amount of Each Disbursement this Period 65.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Nova Information Systems, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 7300 Chapman Highway City Knoxville State TN Zip Code 37920 Purpose of Disbursement credit card processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151633 Date of Disbursement 09 / 05 / 2007 Amount of Each Disbursement this Period 76.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL of Disbursements This Page (optional)</b>		262.08
<b>TOTAL This Period (last page this line number only)</b>		

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial) <b>A. CDP Strategies, LLC</b>		Transaction ID: D151643 Date of Disbursement 09 / 14 / 2007	
Mailing Address 124 W. Capitol, #1630			
City Little Rock State AR Zip Code 72201		Amount of Each Disbursement this Period 443.58	
Purpose of Disbursement travel, postage	<input type="checkbox"/> Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Transaction ID: D151653 Date of Disbursement 09 / 27 / 2007	
Mailing Address PO Box 27-866			
City Kansas City State MO Zip Code 64184-0866		Amount of Each Disbursement this Period 51.33	
Purpose of Disbursement telephone service	<input type="checkbox"/> Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>C. Ms. Megan Hess</b>		Transaction ID: D151623 Date of Disbursement 08 / 31 / 2007	
Mailing Address 2970 Shipping Avenue			
City Miami State FL Zip Code 33133		Amount of Each Disbursement this Period 681.58	
Purpose of Disbursement Salary	<input type="checkbox"/> Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		1176.49	
<b>TOTAL</b> This Period (last page this line number only) .....			



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial) <b>A. Westfield Golf Club</b>		Transaction ID: D151564 Date of Disbursement 07 / 01 / 2007
Mailing Address 13940 Balmoral Greens Avenue ATTN:		Amount of Each Disbursement this Period 956.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clifton State VA Zip Code 20124		
Purpose of Disbursement facilities expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>B. Arkansas Employment Security Department</b>		Transaction ID: D151584 Date of Disbursement 07 / 18 / 2007
Mailing Address P. O. Box 8007		Amount of Each Disbursement this Period 15.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Little Rock State AR Zip Code 72203-8007		
Purpose of Disbursement Payroll Tax Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>C. Cydney Pearce</b>		Transaction ID: D151614 Date of Disbursement 08 / 21 / 2007
Mailing Address 156 Orleans Drive		Amount of Each Disbursement this Period 104.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Maumelle State AR Zip Code 72113		
Purpose of Disbursement cell reimbursement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional)		1077.22
<b>TOTAL</b> This Period (last page this line number only)		

27020333970

# 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 42 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A. Cydney Pearce</b> Full Name (Last, First, Middle Initial) Mailing Address 156 Orleans Drive City Maumelle State AR Zip Code 72113 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151624</b> Date of Disbursement 08 / 31 / 2007 Amount of Each Disbursement this Period 408.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Department of Finance &amp; Administration</b> Full Name (Last, First, Middle Initial) Mailing Address 401 DFA Bldg., 1509 W 7th City Little Rock State AR Zip Code 72201 Purpose of Disbursement Payroll Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151634</b> Date of Disbursement 09 / 12 / 2007 Amount of Each Disbursement this Period 21.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Ms. Megan Hess</b> Full Name (Last, First, Middle Initial) Mailing Address 2970 Shipping Avenue City Miami State FL Zip Code 33133 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151644</b> Date of Disbursement 09 / 15 / 2007 Amount of Each Disbursement this Period 681.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL of Disbursements This Page (optional)</b>		1110.96
<b>TOTAL This Period (last page this line number only)</b>		

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A. Horton Brothers Printing</b> Full Name (Last, First, Middle Initial) Horton Brothers Printing Mailing Address 301 West 4th City North Little Rock State AR Zip Code 72119 Purpose of Disbursement envelopes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		<b>Transaction ID: D151575</b> Date of Disbursement 07 / 12 / 2007 Amount of Each Disbursement this Period 620.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Cingular Wireless LLC Employee PAC</b> Full Name (Last, First, Middle Initial) Cingular Wireless LLC Employee PAC Mailing Address 5565 Glenridge Connector Suite 1700 City Atlanta State GA Zip Code 30342 Purpose of Disbursement wireless service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		<b>Transaction ID: D151585</b> Date of Disbursement 07 / 30 / 2007 Amount of Each Disbursement this Period 51.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. LADCO Leasing</b> Full Name (Last, First, Middle Initial) LADCO Leasing Mailing Address P.O. Box 5029 City Thousand Oaks State CA Zip Code 91360 Purpose of Disbursement card processing machine Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		<b>Transaction ID: D151605</b> Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 32.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL of Disbursements This Page (optional)</b>		<b>703.77</b>
<b>TOTAL This Period (last page this line number only)</b>		

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<p>Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b></p> <p>Mailing Address PO Box 27-866</p> <p>City Kansas City State MO Zip Code 64184-0866</p> <p>Purpose of Disbursement telephone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Transaction ID: D151615</p> <p>Date of Disbursement</p> <p>08 / 24 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>51.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Regions Bank</b></p> <p>Mailing Address 400 West Capitol</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Transaction ID: D151635</p> <p>Date of Disbursement</p> <p>09 / 12 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>670.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Anne Haley</b></p> <p>Mailing Address 35 E Street N.W. #112</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Transaction ID: D151655</p> <p>Date of Disbursement</p> <p>09 / 28 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>575.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p>1296.46</p>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF BLANCHE LINCOLN**

Full Name (Last, First, Middle Initial)  
**A. Nova Information Systems, Inc.**

Mailing Address **7300 Chapman Highway**

City **Knoxville** State **TN** Zip Code **37920**

Purpose of Disbursement  
**credit card processing**  
 Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For: **2010**  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: **D151565**  
 Date of Disbursement

**07** / **03** / **2007**

Amount of Each Disbursement this Period

**81.95**

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

Full Name (Last, First, Middle Initial)  
**B. Cydney Pearce**

Mailing Address **156 Orleans Drive**

City **Maumelle** State **AR** Zip Code **72113**

Purpose of Disbursement  
**Salary**  
 Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For: **2010**  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: **D151645**  
 Date of Disbursement

**09** / **15** / **2007**

Amount of Each Disbursement this Period

**408.12**

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

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

Mailing Address **P.O. Box 9001908**

City **Louisville** State **KY** Zip Code **40290-1908**

Purpose of Disbursement  
**telephone service**  
 Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
 State: District:

Disbursement For: **2010**  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: **D151566**  
 Date of Disbursement

**07** / **09** / **2007**

Amount of Each Disbursement this Period

**81.45**

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

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

**571.52**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial)

A. Democratic Conference Luncheon Fund

Mailing Address S-309 U.S. Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement  
catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151576

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)

B. Bookkeeping Solutions, Inc.

Mailing Address 130 White Oak Lane

City Little Rock State AR Zip Code 72227

Purpose of Disbursement  
accounting service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151586

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

65.00

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

Full Name (Last, First, Middle Initial)

C. CDP Strategies, LLC

Mailing Address 124 W. Capitol, #1630

City Little Rock State AR Zip Code 72201

Purpose of Disbursement  
fundraising consulting fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151596

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3065.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial) <b>A. Ms. Megan Hess</b>		Transaction ID: D151606 Date of Disbursement MM / DD / YYYY 08 / 15 / 2007	
Mailing Address 2970 Shipping Avenue		Amount of Each Disbursement this Period 681.58	
City Miami State FL Zip Code 33133	Purpose of Disbursement Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
Full Name (Last, First, Middle Initial) <b>B. LADCO Leasing</b>		Transaction ID: D151646 Date of Disbursement MM / DD / YYYY 09 / 15 / 2007	
Mailing Address P.O. Box 5029		Amount of Each Disbursement this Period 32.24	
City Thousand Oaks State CA Zip Code 91360	Purpose of Disbursement card processing machine	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
Full Name (Last, First, Middle Initial) <b>C. Bookkeeping Solutions, Inc.</b>		Transaction ID: D151656 Date of Disbursement MM / DD / YYYY 09 / 28 / 2007	
Mailing Address 130 White Oak Lane		Amount of Each Disbursement this Period 65.00	
City Little Rock State AR Zip Code 72227	Purpose of Disbursement accounting service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
<b>SUBTOTAL of Disbursements This Page (optional)</b>		778.82	
<b>TOTAL This Period (last page this line number only)</b>			

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 FRIENDS OF BLANCHE LINCOLN

A. Democratic Senatorial Campaign Committee

Full Name (Last, First, Middle Initial)

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
 room rental

Candidate Name

Category/  
 Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151616

Date of Disbursement

08 / 24 / 2007

Amount of Each Disbursement this Period

350.00

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

B. AT&T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 27-866

City Kansas City State MO Zip Code 64184-0866

Purpose of Disbursement  
 telephone service

Candidate Name

Category/  
 Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151567

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

255.50

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

C. Regions Bank

Full Name (Last, First, Middle Initial)

Mailing Address 400 West Capitol

City Little Rock State AR Zip Code 72201

Purpose of Disbursement  
 Payroll Tax

Candidate Name

Category/  
 Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151577

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

1302.05

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

SUBTOTAL of Disbursements This Page (optional) ▶

1907.55

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 49 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A. AT&amp;T</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 27-866 City Kansas City State MO Zip Code 64184-0866 Purpose of Disbursement telephone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151597</b> Date of Disbursement 08 / 08 / 2007 Amount of Each Disbursement this Period 258.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Cydney Pearce</b> Full Name (Last, First, Middle Initial) Mailing Address 156 Orleans Drive City Maumelle State AR Zip Code 72113 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151607</b> Date of Disbursement 08 / 15 / 2007 Amount of Each Disbursement this Period 408.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. STAND</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 9236 City North Little Rock State AR Zip Code 72119 Purpose of Disbursement ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D151617</b> Date of Disbursement 08 / 24 / 2007 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		1166.74
<b>TOTAL</b> This Period (last page this line number only) .....		

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial)

## A. CDP Strategies, LLC

Mailing Address 124 W. Capitol, #1630

City Little Rock State AR Zip Code 72201

Purpose of Disbursement  
fundraising consulting fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151627

Date of Disbursement

09 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

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

Full Name (Last, First, Middle Initial)

## B. Anne Haley

Mailing Address 35 E Street N.W. #112

City Washington State DC Zip Code 20001

Purpose of Disbursement  
cell phone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151657

Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

43.01

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

Full Name (Last, First, Middle Initial)

## C. Kieloch Consulting

Mailing Address 301 4th Street, N.E. 2nd Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement  
rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151587

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

412.50

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

SUBTOTAL of Disbursements This Page (optional) ▶

2955.51

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)

PAGE 51 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<p><b>A.</b> Full Name (Last, First, Middle Initial) Premiere Global Services</p> <p>Mailing Address Data Communications Division 1268</p> <p>City Chicago State IL Zip Code 60674</p> <p>Purpose of Disbursement fax service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> D151568</p> <p>Date of Disbursement 07 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 2.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cydney Pearce</p> <p>Mailing Address 156 Orleans Drive</p> <p>City Maumelle State AR Zip Code 72113</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> D151578</p> <p>Date of Disbursement 07 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 276.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cydney Pearce</p> <p>Mailing Address 156 Orleans Drive</p> <p>City Maumelle State AR Zip Code 72113</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> D151588</p> <p>Date of Disbursement 07 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 401.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p>679.48</p>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<p><b>A.</b> Full Name (Last, First, Middle Initial) Premiere Global Services</p> <p>Mailing Address Data Communications Division 1268</p> <p>City Chicago State IL Zip Code 60674</p> <p>Purpose of Disbursement tax service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Transaction ID: D151598</p> <p>Date of Disbursement MM / DD / YYYY 08 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 2.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Regions Bank</p> <p>Mailing Address 400 West Capitol</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Payroll Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Transaction ID: D151608</p> <p>Date of Disbursement MM / DD / YYYY 08 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 707.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kieloch Consulting</p> <p>Mailing Address 301 4th Street, N.E. 2nd Floor</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Transaction ID: D151618</p> <p>Date of Disbursement MM / DD / YYYY 08 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 412.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>1122.14</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		

27020333981

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<p>Full Name (Last, First, Middle Initial) <b>A. Premiere Global Services</b></p> <p>Mailing Address Data Communications Division 1268</p> <p>City Chicago State IL Zip Code 60674</p> <p>Purpose of Disbursement fax service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D151638</p> <p>Date of Disbursement 09 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 2.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Centerpoint Energy PAC</b></p> <p>Mailing Address P.O. Box 4567</p> <p>City Houston State TX Zip Code 77210-4567</p> <p>Purpose of Disbursement room rental, staff support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D150729</p> <p>Date of Disbursement 08 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 553.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Ms. Megan Hess</b></p> <p>Mailing Address 2970 Shipping Avenue</p> <p>City Miami State FL Zip Code 33133</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D151579</p> <p>Date of Disbursement 07 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 596.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>1152.12</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		

27020333982

**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 54 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A. Ms. Megan Hess</b> Full Name (Last, First, Middle Initial) Mailing Address 2970 Shipping Avenue City Miami State FL Zip Code 33133 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D151589</b> Date of Disbursement MM / DD / YYYY 07 / 31 / 2007 Amount of Each Disbursement this Period 681.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Windstream</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 9001908 City Louisville State KY Zip Code 40290-1908 Purpose of Disbursement telephone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D151599</b> Date of Disbursement MM / DD / YYYY 08 / 08 / 2007 Amount of Each Disbursement this Period 81.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Nova Information Systems, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 7300 Chapman Highway City Knoxville State TN Zip Code 37920 Purpose of Disbursement credit card processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D151629</b> Date of Disbursement MM / DD / YYYY 09 / 02 / 2007 Amount of Each Disbursement this Period 81.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL of Disbursements This Page (optional)</b>		845.03
<b>TOTAL This Period (last page this line number only)</b>		

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A. FedEx</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 727 City Memphis State TN Zip Code 38194-4741 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D151649</b> Date of Disbursement 09 / 21 / 2007 Amount of Each Disbursement this Period 153.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. UPS</b> Full Name (Last, First, Middle Initial) Mailing Address 5501 Fourche Dam Pike City Little Rock State AR Zip Code 72206 Purpose of Disbursement shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D151739</b> Date of Disbursement 07 / 12 / 2007 Amount of Each Disbursement this Period 193.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Bank Card Center</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 6609 City Pine Bluff State AR Zip Code 71611-6609 Purpose of Disbursement airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D151571</b> Date of Disbursement 07 / 09 / 2007 Amount of Each Disbursement this Period 2361.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		2708.73
<b>TOTAL</b> This Period (last page this line number only) .....		

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A. Staybridge Suites</b> Full Name (Last, First, Middle Initial) Mailing Address 2515 19th City Lubbock State TX Zip Code 79410 Purpose of Disbursement lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D151680 Date of Disbursement 07 / 09 / 2007 Amount of Each Disbursement this Period 293.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B. Delta Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address Combined Airline Travel Office City Washington State DC Zip Code 20510 Purpose of Disbursement airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D151674 Date of Disbursement 07 / 09 / 2007 Amount of Each Disbursement this Period 902.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C. Standard Buying Service</b> Full Name (Last, First, Middle Initial) Mailing Address 51 East 42nd Street City New York State NY Zip Code 10017 Purpose of Disbursement promotional items Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D151675 Date of Disbursement 07 / 09 / 2007 Amount of Each Disbursement this Period 272.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		0.00
<b>TOTAL</b> This Period (last page this line number only) .....		



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial)

**A. US Airways**

Mailing Address c/o Combined Airline Ticket Office

City Washington State DC Zip Code 20510

Purpose of Disbursement  
airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151676

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

218.80

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AirTran**

Mailing Address 9955 AirTran Boulevard

City Orlando State FL Zip Code 32827

Purpose of Disbursement  
airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151677

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

334.10

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Signs by Tomorrow**

Mailing Address 4923 St. Elmo Avenue

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151678

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

181.60

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A. Southwest Airlines</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 36647 City Dallas State TX Zip Code 75235 Purpose of Disbursement airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151679 Date of Disbursement 07 / 09 / 2007 Amount of Each Disbursement this Period 617.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B. Bank Card Center</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 6609 City Pine Bluff State AR Zip Code 71611-6609 Purpose of Disbursement software lease/QB update Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151600 Date of Disbursement 08 / 08 / 2007 Amount of Each Disbursement this Period 1776.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. NGP, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address 5505Connecticut Avenue N.W. PMB 27 City Washington State DC Zip Code 20008 Purpose of Disbursement software lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151672 Date of Disbursement 08 / 08 / 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 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		1776.68
<b>TOTAL</b> This Period (last page this line number only) .....		

27020333987

**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 59 / 67

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A. Intuit</b> Full Name (Last, First, Middle Initial) Intuit Mailing Address P.O. Box 469 City Coppel State TX Zip Code 75019-0469 Purpose of Disbursement quickbooks payroll update Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151673 Date of Disbursement MM / DD / YYYY 08 / 08 / 2007 Amount of Each Disbursement this Period 213.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B. Bank Card Center</b> Full Name (Last, First, Middle Initial) Bank Card Center Mailing Address P.O. Box 6609 City Pine Bluff State AR Zip Code 71611-6609 Purpose of Disbursement airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151639 Date of Disbursement MM / DD / YYYY 09 / 12 / 2007 Amount of Each Disbursement this Period 330.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Northwest Airlines</b> Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address c/o CATO Combined Airline Ticket O City Washington State DC Zip Code 20510 Purpose of Disbursement airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151671 Date of Disbursement MM / DD / YYYY 08 / 31 / 2007 Amount of Each Disbursement this Period 296.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶		330.35
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		31914.27

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 67

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
 FRIENDS OF BLANCHE LINCOLN

A. Full Name (Last, First, Middle Initial)  
 Clark County Clinton Day Dinner

Mailing Address P.O. Box 174

City State Zip Code  
 Arkadelphia AR 71923

Purpose of Disbursement  
 donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151610

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

100.00

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

B. Full Name (Last, First, Middle Initial)  
 The Learning Center

Mailing Address 2808 Fox Meadow Lane

City State Zip Code  
 Jonesboro AR 72404

Purpose of Disbursement  
 donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151620

Date of Disbursement

08 / 27 / 2007

Amount of Each Disbursement this Period

100.00

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

C. Full Name (Last, First, Middle Initial)  
 Women and Children First

Mailing Address P.O. Box 1954

City State Zip Code  
 Little Rock AR 72203

Purpose of Disbursement  
 4 tickets to annual dinner

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151650

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 67

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
 FRIENDS OF BLANCHE LINCOLN

<b>A. People to People</b> Full Name (Last, First, Middle Initial) Mailing Address Junior National Leaders Conference City Washington State DC Zip Code 20006 Purpose of Disbursement youth development Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151591 Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2007 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Arkansas Black Hall of Fame</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1042 City Little Rock State AR Zip Code 72203 Purpose of Disbursement bronze sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151611 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2007 Amount of Each Disbursement this Period 1250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Arkansas Supportive Housing Network</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 165858 City Little Rock State AR Zip Code 72216 Purpose of Disbursement tickets to reception Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151621 Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2007 Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		1390.00
<b>TOTAL</b> This Period (last page this line number only) .....		



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 67

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A. Arkansas Food Bank Network</b> Full Name (Last, First, Middle Initial) Mailing Address 8121 Distribution Drive City Little Rock State AR Zip Code 72209 Purpose of Disbursement golf tournament Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		<b>Transaction ID: D151593</b> Date of Disbursement MM / DD / YYYY 08 / 01 / 2007 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Democratic Senatorial Campaign Committee</b> Full Name (Last, First, Middle Initial) Mailing Address 430 S Capitol St SE City Washington State DC Zip Code 20003-4024 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		<b>Transaction ID: D151654</b> Date of Disbursement MM / DD / YYYY 09 / 27 / 2007 Amount of Each Disbursement this Period 50000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Virginia Clinton Kelly Women's Club</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2572 City Hot Springs State AR Zip Code 71914 Purpose of Disbursement golf tournament sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		<b>Transaction ID: D151594</b> Date of Disbursement MM / DD / YYYY 08 / 01 / 2007 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL of Disbursements This Page (optional)</b>		51150.00
<b>TOTAL This Period (last page this line number only)</b>		

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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)

PAGE 64 / 67

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<b>A. Watershed</b> Full Name (Last, First, Middle Initial) Mailing Address 3701 Confederate Boulevard City Little Rock State AR Zip Code 72206 Purpose of Disbursement sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151595 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Cleburne County Aging Programs</b> Full Name (Last, First, Middle Initial) Mailing Address Meals on Wheels P.O. Box 831 City Heber Springs State AR Zip Code 72543 Purpose of Disbursement donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151625 Date of Disbursement 08 / 31 / 2007 Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Lights for Literacy</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 3233 City Little Rock State AR Zip Code 72203 Purpose of Disbursement event tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		Transaction ID: D151626 Date of Disbursement 08 / 31 / 2007 Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		775.00
<b>TOTAL</b> This Period (last page this line number only) .....		



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 67

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

Full Name (Last, First, Middle Initial)  
A. Quinn Chapel AME

Mailing Address 423 North 8th SWtreet

City State Zip Code  
Ft. Smith AR 72901

Purpose of Disbursement  
donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151636

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

50.00

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

Full Name (Last, First, Middle Initial)  
B. Faulkner County NAACP

Mailing Address P.O. Box 10807

City State Zip Code  
Conway AR 72034

Purpose of Disbursement  
2 dinner tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151637

Date of Disbursement

09 / 12 / 2007

Amount of Each Disbursement this Period

80.00

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

Full Name (Last, First, Middle Initial)  
C. Prince Hall Grand Lodge

Mailing Address 4th and State Streets

City State Zip Code  
Pine Bluff AR 71601

Purpose of Disbursement  
event tickets

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D151647

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

50.00

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

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

180.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 67

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
FRIENDS OF BLANCHE LINCOLN

<p><b>A. Anthonyville Volunteer Fire Department</b></p> <p>Full Name (Last, First, Middle Initial) Anthonyville Volunteer Fire Department</p> <p>Mailing Address 197 Luke Jr. Avenue</p> <p>City Anthonyville State AR Zip Code 72376</p> <p>Purpose of Disbursement community support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID: D151648</b></p> <p>Date of Disbursement 09 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B. Gurdon Forest Festival</b></p> <p>Full Name (Last, First, Middle Initial) Gurdon Forest Festival</p> <p>Mailing Address P.O. Box 246</p> <p>City Gurdon State AR Zip Code 71743</p> <p>Purpose of Disbursement donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID: D151658</b></p> <p>Date of Disbursement 09 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C. NAACP</b></p> <p>Full Name (Last, First, Middle Initial) NAACP</p> <p>Mailing Address P.O. Box 1933 1124 MLK, Jr. Drive</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement table, ad state convention 2007</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID: D151609</b></p> <p>Date of Disbursement 08 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL of Disbursements This Page (optional)</b></p>		<p>750.00</p>
<p><b>TOTAL This Period (last page this line number only)</b></p>		

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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)

PAGE 67 / 67

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
**FRIENDS OF BLANCHE LINCOLN**

<b>A. Kaleidoscope Kids</b> Full Name (Last, First, Middle Initial) Mailing Address 1501 N. University #680 City Little Rock State AR Zip Code 72207 Purpose of Disbursement tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		<b>Transaction ID: D151619</b> Date of Disbursement 08 / 27 / 2007 Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Martin Luther King Jr. Commission</b> Full Name (Last, First, Middle Initial) Mailing Address 101 East Capitol Suite 214 City Little Rock State AR Zip Code 72201 Purpose of Disbursement table-ad for annual dinner Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type		<b>Transaction ID: D151659</b> Date of Disbursement 09 / 28 / 2007 Amount of Each Disbursement this Period 775.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

855.00

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

106550.00



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Mo. Day Year	<input type="checkbox"/> AM <input type="checkbox"/> PM	

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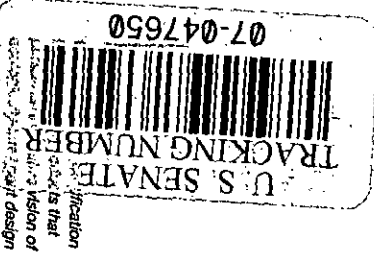
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NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
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# United States Senate

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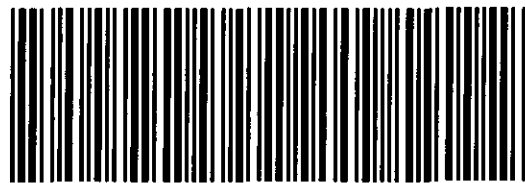
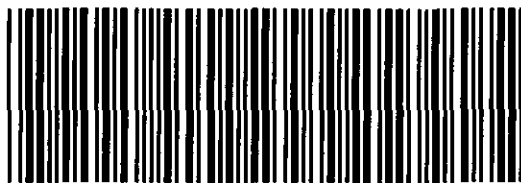
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