

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
JOHN T. DOOLITTLE FOR CONGRESS

ADDRESS (number and street) 2150 RIVER PLAZA DR. #150
 Check if different than previously reported. (ACC)
SACRAMENTO CA 95833

2. **FEC IDENTIFICATION NUMBER** C00242768
CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CA 4

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 04 01 2007 through 06 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 David Bauer

Signature of Treasurer Electronically Filed by David Bauer Date 09 05 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JOHN T. DOOLITTLE FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	101783.00	247131.10
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1107.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	101783.00	246024.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	145857.29	435052.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	28759.11	47005.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	117098.18	388046.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	75983.09	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	108300.67	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 JOHN T. DOOLITTLE FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

81900.00

158644.00

(ii) Unitemized.....

4926.00

16724.10

(iii) TOTAL of contributions

86826.00

175368.10

from individuals..... ▶

107.00

313.00

(b) Political Party Committees.....

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

14850.00

71450.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

101783.00

247131.10

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

28759.11

47005.40

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

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

130542.11

294136.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	145857.29	435052.19
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	1007.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1107.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	145857.29	436159.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	91298.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	130542.11
25. SUBTOTAL (add Line 23 and Line 24).....	221840.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	145857.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	75983.09

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

Name of Candidate JOHN DOOLITTLE		Candidate ID Number H0CA14042
Name of Principal Campaign Committee JOHN T. DOOLITTLE FOR CONGRESS		Committee ID Number C C00242768
Committee Address 2150 RIVER PLAZA DR. #150		
City SACRAMENTO	State CA	ZIP 95833
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	290411.50	3725.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	290411.50	3725.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JERRY HALEVA		Date of Receipt MM / DD / YYYY 04 / 19 / 2007
Mailing Address 1121 L STREET		Transaction ID: INC.A.70375
City Sacramento	State CA	Zip Code 95814
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2000.00
Name of Employer SGT. MAJOR ASSO.	Occupation CONSULTANT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. AIMEE LUBELL		Date of Receipt MM / DD / YYYY 04 / 27 / 2007
Mailing Address 6703 MAGNOLIA WAY		Transaction ID: INC.A.70402
City ROSEVILLE	State CA	Zip Code 95765
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2100.00
Name of Employer N/A	Occupation HOMEMAKER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. AIMEE LUBELL		Date of Receipt MM / DD / YYYY 04 / 27 / 2007
Mailing Address 6703 MAGNOLIA WAY		Transaction ID: INC.A.70405
City ROSEVILLE	State CA	Zip Code 95765
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer N/A	Occupation HOMEMAKER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	▶	4300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOSEPH M. PELLETTI		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 6440 BUTLER ROAD		Transaction ID: INC.A.70404
City PENRYN	State CA	Zip Code 95663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Rotordynamics-Seal Research	Occupation General Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. JOSEPH M. PELLETTI		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 6440 BUTLER ROAD		Transaction ID: INC.A.70403
City PENRYN	State CA	Zip Code 95663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2100.00
Name of Employer Rotordynamics-Seal Research	Occupation General Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. NORMAN BRUCE ASHWILL		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address P. O. BOX 180		Transaction ID: IDT.A.95
City Shingle Springs	State CA	Zip Code 95682
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer BISHOP HAWK	Occupation REALTOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3600.00	

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES HOLLAND

Mailing Address P.O. BOX 406

City State Zip Code
PLACERVILLE CA 95667

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

Name of Employer Occupation
GOLD COUNTRY BAIL BONDS OWNER

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70382

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
CRAIG LEDBETTER

Mailing Address 1416 IRIS DR. APT 4

City State Zip Code
LODI CA 95242

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

Name of Employer Occupation
RETIRED

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

250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70381

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
MIKE MCDUGALL

Mailing Address 989 GOVERNOR DRIVE

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
MJM PROPERTIES DEVELOPER

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

2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70395

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MIKE MCDUGALL

Mailing Address 989 GOVERNOR DRIVE

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
MJM PROPERTIES DEVELOPER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70394

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
GEORGE MICHAEL MILLER

Mailing Address 205 FIRST ST.

City State Zip Code
Napa CA 94559

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

Name of Employer Occupation
THE FERGUSON GROUP LOBBYIST

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70393

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)
DOUGLAS OSE

Mailing Address P.O. BOX 255628

City State Zip Code
SACRAMENTO CA 95865

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

Name of Employer Occupation
OSE PROPERTIES DEVELOPER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70377

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)	5100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LYNNDA OSE

Mailing Address P.O. BOX 255628

City State Zip Code
SACRAMENTO CA 95865

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2008.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70378

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
MELENA OSE

Mailing Address 522 SYDLING COURT

City State Zip Code
SACRAMENTO CA 95864

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2008.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70376

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
ROBINSON FAMILY PARTNERS

Mailing Address P.O. BOX 88

City State Zip Code
Makaweli HI 96769

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

Name of Employer Occupation
PARTNERSHIP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70398

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) ► **5000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WARREN ROBINSON

Mailing Address P.O. BOX 690088

City State Zip Code
MAKAWELI HI 96769

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

Name of Employer ROBINSON FAMILY PARTNERS Occupation PARTNER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
214.29

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: IDT.A.98

Amount of Each Receipt this Period
214.29

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

B. Full Name (Last, First, Middle Initial)
GARY ROSS

Mailing Address 3761 NICOLAUS RD.

City State Zip Code
LINCOLN CA 95648

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

Name of Employer Marybelle Farms Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70380

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
SHEFFIELD, LTD.

Mailing Address 3181 CAMERON PARK DRIVE STE 105

City State Zip Code
CAMERON PARK CA 95682

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70399

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)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOIS SOMERS

Mailing Address P.O. BOX 690088

City State Zip Code
MAKAWELI HI 96769

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

Name of Employer Occupation
ROBINSON FAMILY PARTNERS PARTNER

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

214.29

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: IDT.A.99

Amount of Each Receipt this Period
214.29

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

B. Full Name (Last, First, Middle Initial)
KEVIN CALDERWOOD

Mailing Address 1236 TOTTENHAM CT.

City State Zip Code
RESTON VA 20194

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

Name of Employer Occupation
AMP RESOURCES LLC CEO

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 7

Transaction ID: INC.A.70415

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
NORMAN BRUCE ASHWILL

Mailing Address P. O. BOX 180

City State Zip Code
Shingle Springs CA 95682

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

Name of Employer Occupation
BISHOP HAWK REALTOR

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

3600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 7

Transaction ID: IDT.A.97

Amount of Each Receipt this Period
1600.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TOM DWELLE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 1420 SHADOW MOUNTAIN CT.		Transaction ID: INC.A.70420
City State Zip Code AUBURN CA 95602	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer NELLA OIL	Occupation PARTNER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) B. CHARLES JOINER		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 2055 NICOLAUS RD.		Transaction ID: INC.A.70433
City State Zip Code Lincoln CA 95648	Amount of Each Receipt this Period 1600.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) C. JASON LEINEKE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 4001 BUCHANAN DR.		Transaction ID: INC.A.70418
City State Zip Code Fair Oaks CA 95628	Amount of Each Receipt this Period 1600.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer JOAN LEINEKE CATERING	Occupation CATERER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1950.00	

SUBTOTAL of Receipts This Page (optional) ▶	3600.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DUNCAN V. PATTY		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 13005 CREEKVIEW CT.		Transaction ID: INC.A.70435
City State Zip Code Auburn CA 95603	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SELF Occupation INVESTOR	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 700.00	

Full Name (Last, First, Middle Initial) B. DOLORES A. RICHBAW		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 7500 SIERRA DR.		Transaction ID: INC.A.70430
City State Zip Code Granite Bay CA 95746	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation RETIRED	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. SHEFFIELD, LTD.		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 3181 CAMERON PARK DRIVE STE 105		Transaction ID: INC.A.70421
City State Zip Code CAMERON PARK CA 95682	Amount of Each Receipt this Period 1600.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3600.00	

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JACK S. TAYLOR		Date of Receipt MM / DD / YYYY 05 / 09 / 2007
Mailing Address 2005 PORT ALBANS CIR.		Transaction ID: INC.A.70432
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer N/A	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 307.00	

Full Name (Last, First, Middle Initial) B. PAUL W. ZGRAGGEN		Date of Receipt MM / DD / YYYY 05 / 09 / 2007
Mailing Address 13085 MOSS ROCK DR.		Transaction ID: INC.A.70424
City Auburn	State CA	Zip Code 95602
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer N/A	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 207.00	

Full Name (Last, First, Middle Initial) C. GORDON JACK		Date of Receipt MM / DD / YYYY 05 / 15 / 2007
Mailing Address 3500 LYNNMAR WAY		Transaction ID: INC.A.70601
City Carmichael	State CA	Zip Code 95608
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer SELF	Occupation INVESTOR	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JASON CARDINET		Date of Receipt MM / DD / YYYY 05 / 18 / 2007
Mailing Address 5160 VIRGINIATOWN ROAD		Transaction ID: INC.A.70468
City NEWCASTLE	State CA	Zip Code 95658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer GALLINA, LLP	Occupation CPA	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. JAMES CHANGARIS		Date of Receipt MM / DD / YYYY 05 / 18 / 2007
Mailing Address P.O. BOX 1439		Transaction ID: INC.A.70466
City YUBA CITY	State CA	Zip Code 95992
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. L.W. BREINER		Date of Receipt MM / DD / YYYY 05 / 23 / 2007
Mailing Address 13410 LAGUNITA WAY		Transaction ID: INC.A.70455
City JACKSON	State CA	Zip Code 95642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation NOT EMPLOYED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 707.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BERNARD CARLSON

Mailing Address 5864 DOLOMITE DR.

City State Zip Code
Diamond Springs CA 95619

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 7

Transaction ID: INC.A.70457

Amount of Each Receipt this Period
800.00

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

B. Full Name (Last, First, Middle Initial)
DAVID SMYTHE

Mailing Address 3120 SUNDANCE TRAIL

City State Zip Code
PLACERVILLE CA 95667

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 7

Transaction ID: INC.A.70458

Amount of Each Receipt this Period
800.00

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

C. Full Name (Last, First, Middle Initial)
MARLIES DINSMORE

Mailing Address 4030 CANONERO COURT

City State Zip Code
Fair Oaks CA 95628

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

Name of Employer RESOURCE CAPITAL Occupation PARALEGAL

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: INC.A.70569

Amount of Each Receipt this Period
1600.00

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

SUBTOTAL of Receipts This Page (optional)	3200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOSEPH E. DORR		Date of Receipt MM / DD / YYYY 05 / 25 / 2007
Mailing Address 910 SUNRISE AVE., NO. A1		Transaction ID: INC.A.70481
City Roseville	State CA	Zip Code 95661
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer SELF	Occupation CONSULTANT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. GRACE KAMPHEFNER		Date of Receipt MM / DD / YYYY 05 / 25 / 2007
Mailing Address 5425 MOSS LANE		Transaction ID: INC.A.70483
City GRANITE BAY	State CA	Zip Code 95746
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer none	Occupation housewife	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. REX KAMPHEFNER		Date of Receipt MM / DD / YYYY 05 / 25 / 2007
Mailing Address 5425 MOSS LANE		Transaction ID: INC.A.70482
City GRANITE BAY	State CA	Zip Code 95746
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1100.00	
Name of Employer AEROMETALS	Occupation GENERAL MANAGER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RENEE SNIDER		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 8933 MACKEY RD.		Transaction ID: INC.A.70486
City Elk Grove	State CA	Zip Code 95624
Amount of Each Receipt this Period 800.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation NONE	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. KEN STEERS		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 4901 TRAILS END RD.		Transaction ID: INC.A.70488
City CAMERON PARK	State CA	Zip Code 95682
Amount of Each Receipt this Period 1100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer FSP	Occupation PRESIDENT	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3200.00	

Full Name (Last, First, Middle Initial) C. KEN STEERS		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 4901 TRAILS END RD.		Transaction ID: INC.A.70487
City CAMERON PARK	State CA	Zip Code 95682
Amount of Each Receipt this Period 2100.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer FSP	Occupation PRESIDENT	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3200.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CAROL UHOUSE

Mailing Address 5224 MORNINGSIDE AVE.

City Auburn State CA Zip Code 95602

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

Name of Employer Occupation
Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: INC.A.70567

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
DOUG VEERKAMP

Mailing Address 2585 COLD SPRINGS ROAD

City Placerville State CA Zip Code 95667

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

Name of Employer Occupation
SELF ENGINEERING CONTRACTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: INC.A.70484

Amount of Each Receipt this Period
1100.00

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

C. Full Name (Last, First, Middle Initial)
LORI VEERKAMP

Mailing Address 2585 COLD SPRINGS RD.

City PLACERVILLE State CA Zip Code 95667

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

Name of Employer Occupation
HOUSEWIFE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: INC.A.70485

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) ► **2000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BONNIE WILLIAMS

Mailing Address 9260 WINDING OAK DR.

City State Zip Code
Fair Oaks CA 95628

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

Name of Employer NONE Occupation housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 0 7

Transaction ID: INC.A.70570

Amount of Each Receipt this Period
400.00

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

B. Full Name (Last, First, Middle Initial)
ARLINE T. HARMAN

Mailing Address 1999 1ST ST.

City State Zip Code
Los Altos CA 94022

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

Name of Employer NONE Occupation NONE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 7

Transaction ID: INC.A.70500

Amount of Each Receipt this Period
800.00

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

C. Full Name (Last, First, Middle Initial)
KARNA J. BOYER

Mailing Address 748 E. HILLCREST AVE.

City State Zip Code
Yuba City CA 95991

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

Name of Employer N/A Occupation NONE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70493

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CINDY BRAZELTON

Mailing Address 6221A ENTERPRISE DR.

City State Zip Code
DIAMOND SPRINGS CA 95619

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

Name of Employer Occupation
SELF SIGN CONTRACTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: IDT.A.109

Amount of Each Receipt this Period
800.00

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

B. Full Name (Last, First, Middle Initial)
DAVID BRAZELTON

Mailing Address 6221 ENTERPRISE DR.

City State Zip Code
Diamond Springs CA 95619

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

Name of Employer Occupation
WESTERN SIGN CO. EMPLOYEE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: IDT.A.110

Amount of Each Receipt this Period
800.00

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

C. Full Name (Last, First, Middle Initial)
KENNETH CAMPBELL

Mailing Address 3636 McCOURTNEY ROAD

City State Zip Code
Lincoln CA 95648

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: INC.A.70491

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ENTERPRISE PROPERTIES

Mailing Address 6221A ENTERPRISE DRIVE

City State Zip Code
DIAMOND SPRINGS CA 95619

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

Name of Employer Occupation
PARTNERSHIP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70505

Amount of Each Receipt this Period
1600.00

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

B. Full Name (Last, First, Middle Initial)
FOLSOM SQUARE

Mailing Address 8775 SIERRA COLLEGE # 400

City State Zip Code
ROSEVILLE CA 95661

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70498

Amount of Each Receipt this Period
1600.00

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

C. Full Name (Last, First, Middle Initial)
LEON W. HARMAN

Mailing Address 1999 1ST ST.

City State Zip Code
Los Altos CA 94022

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

Name of Employer Occupation
HARMAN MANAGEMENT CORP. CHAIRMAN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70499

Amount of Each Receipt this Period
800.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John Murray		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 116 Rock Canyon Ct.		Transaction ID: INC.A.70492	
City State Zip Code Folsom CA 95630	Amount of Each Receipt this Period 1600.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Westpark Associatess Partner	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		

Full Name (Last, First, Middle Initial) B. LONDA OLLER		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address P.O. BOX 370		Transaction ID: INC.A.70497	
City State Zip Code SAN ANDREAS CA 95249	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation HOME MAKER	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		

Full Name (Last, First, Middle Initial) C. THOMAS R. OLLER		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address P.O. BOX 370		Transaction ID: INC.A.70496	
City State Zip Code SAN ANDREAS CA 95249	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Material Ventures OWNER	Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	4100.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS R. OLLER

Mailing Address P.O. BOX 370

City State Zip Code
SAN ANDREAS CA 95249

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

Name of Employer Material Ventures Occupation OWNER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70495

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
CARL SALONITES

Mailing Address 1510 WEST ST.

City State Zip Code
Woodland CA 95695

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

Name of Employer none Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2425.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70502

Amount of Each Receipt this Period
1275.00

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

C. Full Name (Last, First, Middle Initial)
CARL SALONITES

Mailing Address 1510 WEST ST.

City State Zip Code
Woodland CA 95695

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

Name of Employer none Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2425.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: INC.A.70503

Amount of Each Receipt this Period
325.00

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

SUBTOTAL of Receipts This Page (optional)	3700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JACK S. TAYLOR		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 2005 PORT ALBANS CIR.		Transaction ID: INC.A.70494
City State Zip Code Newport Beach CA 92660	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation N/A RETIRED	Election Cycle-to-Date 307.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 100.00	

Full Name (Last, First, Middle Initial) B. MICHAEL ZIEGLER		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 9845 LOS LAGOS CIRCLE N		Transaction ID: INC.A.70490
City State Zip Code Granite Bay CA 95746	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation PRIDE INDUSTRIES CHAIRMAN	Election Cycle-to-Date 400.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 400.00	

Full Name (Last, First, Middle Initial) C. BARBARA ALBY		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 120 EGLOFF CIRCLE		Transaction ID: INC.A.70535
City State Zip Code FOLSOM CA 95630	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation ST. OF CALIFORNIA ADMINISTRATOR	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Receipt this Period 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALDO PINESCHI CONSULTING		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 1873 STONE CANYON DRIVE		Transaction ID: INC.A.70537	
City ROSEVILLE	State CA	Zip Code 95661	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. JAMES E. BOPP		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 8013 MESA OAK WAY		Transaction ID: INC.A.70532	
City Citrus Heights	State CA	Zip Code 95610	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation RETIRED		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 714.00		

Full Name (Last, First, Middle Initial) C. KARNA J. BOYER		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 748 E. HILLCREST AVE.		Transaction ID: INC.A.70531	
City Yuba City	State CA	Zip Code 95991	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A	Occupation NONE		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVID A. BRENINGER

Mailing Address 1325 Avenida Alvarado

City State Zip Code
Roseville CA 95747

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

Name of Employer Occupation
PCWA Director

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

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7

Transaction ID: INC.A.70541

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
JONG CHEN

Mailing Address 3941 J STREET

City State Zip Code
SACRAMENTO CA 95819

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

Name of Employer Occupation
SELF PHYSICIAN

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

2800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7

Transaction ID: INC.A.70536

Amount of Each Receipt this Period
800.00

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

C. Full Name (Last, First, Middle Initial)
PHIL COELHO

Mailing Address 121 GIOTTO WAY

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
THERMOGENESIS CEO

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

1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7

Transaction ID: INC.A.70516

Amount of Each Receipt this Period
1600.00

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

SUBTOTAL of Receipts This Page (optional)	2600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT J. CREEDON

Mailing Address 10660 WILTON ROAD

City State Zip Code
Elk Grove CA 95624

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

Name of Employer SENATOR FORD Occupation AUTO DEALER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7

Transaction ID: INC.A.70514

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
DAVID CROSARIOL

Mailing Address 1471 SUTTER CREEK DRIVE

City State Zip Code
EL DORADO CA 95762

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

Name of Employer CTA ENGINEERING AND SURVEYING Occupation ENGINEER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7

Transaction ID: INC.A.70518

Amount of Each Receipt this Period
800.00

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

C. Full Name (Last, First, Middle Initial)
WILLIAM C. CUMMINGS

Mailing Address 7700 COLLEGE TOWN DR., SUITE 208

City State Zip Code
Sacramento CA 95826

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7

Transaction ID: INC.A.70517

Amount of Each Receipt this Period
1600.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT DAWSON

Mailing Address 1214 KEY DRIVE

City State Zip Code
ALEXANDRIA VA 22302

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

Name of Employer SELF Occupation LOBBYIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2007

Transaction ID: INC.A.70519

Amount of Each Receipt this Period
1600.00

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

B. Full Name (Last, First, Middle Initial)
ROBERT GALLAGHER

Mailing Address 3999 BEAR RIVER

City State Zip Code
Wheatland CA 95692

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

Name of Employer SELF Occupation FARMER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2064.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2007

Transaction ID: INC.A.70525

Amount of Each Receipt this Period
1600.00

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

C. Full Name (Last, First, Middle Initial)
MARTIN A. HARMON

Mailing Address 4020 SIERRA COLLEGE BLVD.

City State Zip Code
Rocklin CA 95677

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

Name of Employer WESTERN CARE CONSTRUCTION Occupation CONTRACTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2007

Transaction ID: INC.A.70524

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)	▶	4200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LARRY D. KELLEY		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address P. O. BOX 1200		Transaction ID: INC.A.70522	
City State Zip Code Rocklin CA 95677	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer STANFORD RANCH	Occupation EXECUTIVE		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. MICHAEL R. LEE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 3568 MT. VIEW DR.		Transaction ID: INC.A.70539	
City State Zip Code Rocklin CA 95677	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self	Occupation developer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. MARCUS LODUCA		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 3017 DOUGLAS BLVD #300		Transaction ID: INC.A.70538	
City State Zip Code Roseville CA 95661	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1200.00		

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KELVIN MOSS		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 8340 AUBURN BLVD. STE. 100		Transaction ID: INC.A.70534	
City State Zip Code Citrus Heights CA 95610		Amount of Each Receipt this Period 1600.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SELF Occupation BUILDER			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) B. ALDO PINESCHI		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 1873 STONE CANYON DRIVE		Transaction ID: IDT.A.94	
City State Zip Code Roseville CA 95661		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Name of Employer SELF Occupation CONSULTANT			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. JAN PINNEY		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 1750 HOWE AVE., #100		Transaction ID: INC.A.70530	
City State Zip Code Sacramento CA 95825		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SELF Occupation INSURANCE			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAN PINNEY

Mailing Address 1750 HOWE AVE., #100

City State Zip Code
Sacramento CA 95825

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

Name of Employer Occupation
SELF INSURANCE

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7

Transaction ID: INC.A.70529

Amount of Each Receipt this Period
600.00

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

B. Full Name (Last, First, Middle Initial)
SUSAN ROHAN

Mailing Address 2932 ALDER POINT DR.

City State Zip Code
Roseville CA 95661

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

Name of Employer Occupation
SUSAN ROHAN BUSINESS DEVELOPMENT

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7

Transaction ID: INC.A.70542

Amount of Each Receipt this Period
400.00

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

C. Full Name (Last, First, Middle Initial)
DONALD SPIEGEL

Mailing Address 8783 COUNTRY CREEK DR.

City State Zip Code
ORANGEVALE CA 95662

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

Name of Employer Occupation
RETIRED

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7

Transaction ID: INC.A.70526

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)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BONNIE WILLIAMS

Mailing Address 9260 WINDING OAK DR.

City State Zip Code
Fair Oaks CA 95628

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

Name of Employer NONE Occupation housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7

Transaction ID: INC.A.70566

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
DARREL PIERCE

Mailing Address P.O. BOX 534

City State Zip Code
PLACERVILLE CA 95667

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: INC.A.70578

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
DAVID A. BRENINGER

Mailing Address 1325 Avenida Alvarado

City State Zip Code
Roseville CA 95747

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

Name of Employer PCWA Occupation Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

Transaction ID: INC.A.70582

Amount of Each Receipt this Period
200.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHIRLEY LEROY

Mailing Address 6270 LAGUNA COURT

City State Zip Code
GRANITE BAY CA 95746

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: INC.A.70649

Amount of Each Receipt this Period
1600.00

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

B. Full Name (Last, First, Middle Initial)
WILLIAM H. MULLIN

Mailing Address 685 OAKHAVEN RD.

City State Zip Code
Auburn CA 95603

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

Name of Employer Occupation
TACO BELL INC. PRESIDENT/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: INC.A.70583

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
STEVE THURTLE

Mailing Address 2220 DOUGLAS BLVD.

City State Zip Code
DOUGLAS CA 95661

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

Name of Employer Occupation
RICHLAND COMMUNITIES DEVELOPER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2007

Transaction ID: INC.A.70581

Amount of Each Receipt this Period
1600.00

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

SUBTOTAL of Receipts This Page (optional)	3700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GREG CLINE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 11990 KEMPER RD., SUITE 100		Transaction ID: INC.A.70590
City State Zip Code AUBURN CA 95603	Amount of Each Receipt this Period 1600.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SELF	Occupation THE CLINE CO.	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) B. STEPHEN DOYLE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 3431 BRIDGET BRAE RD.		Transaction ID: INC.A.70592
City State Zip Code SHINGLE SPRINGS CA 95682	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer CLEAN ENERGY SYSTEMS	Occupation PRESIDENT	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. KENNETH LAGRANDE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address P.O. BOX 8		Transaction ID: IDT.A.93
City State Zip Code DUNNIGAN CA 95937	Amount of Each Receipt this Period 1600.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer THE SUN VALLEY RICE COMPANY, LLC	Occupation PARTNER	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional) ▶	2400.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GEORGE MICHAEL MILLER

Mailing Address 205 FIRST ST.

City State Zip Code
Napa CA 94559

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

Name of Employer Occupation
THE FERGUSON GROUP LOBBYIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: INC.A.70594

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
THE SUN VALLEY RICE COMPANY, LLC

Mailing Address P.O. BOX 8

City State Zip Code
DUNNIGAN CA 95937

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

Name of Employer Occupation
UNINCORPORATED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: INC.A.70605

Amount of Each Receipt this Period
1600.00

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

C. Full Name (Last, First, Middle Initial)
GREGORY J. WANG

Mailing Address 5134 WORTHINGTON DR.

City State Zip Code
BETHESDA MD 20816

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

Name of Employer Occupation
The Ferguson Group lobbyist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: INC.A.70595

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	2400.00
TOTAL This Period (last page this line number only)	81900.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 74
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES

Mailing Address 1605 KING STREET

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00022053

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2007

Transaction ID: INC.A.70379

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)
PEACE THROUGH STRENGTH PAC

Mailing Address 1155 21ST STREET

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00377010

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2007

Transaction ID: INC.A.70397

Amount of Each Receipt this Period
5000.00

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

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

Mailing Address 55 GLENLAKE PARKWAY, N.E.

City State Zip Code
Atlanta GA 30328

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

Name of Employer Occupation
FEDERAL PAC

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2007

Transaction ID: INC.A.70465

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 74
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CA INDEPENDENT PETROLEUM ASSN		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 1112 I STREET #350		Transaction ID: INC.A.70501	
City State Zip Code SACRAMENTO CA 95814	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C C00318766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. COMMITTEE TO ELECT BILL GEORGE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 8820 ROCK CREEK ROAD		Transaction ID: INC.A.70520	
City State Zip Code PLACERVILLE CA 95667	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation N/A Election Cycle-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT BILL GEORGE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 8820 ROCK CREEK ROAD		Transaction ID: INC.A.70521	
City State Zip Code PLACERVILLE CA 95667	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation N/A Election Cycle-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	1150.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 74
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BLUE DIAMOND GROWERS PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 1802 C ST.		Transaction ID: INC.A.70577	
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 1600.00		
FEC ID number of contributing federal political committee. C C00080135		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer ID: #C00050135 Occupation FEDERAL PAC	Election Cycle-to-Date ▼ 2600.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Granite Construction Employee PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 555 Capitol Mall, Suite 1425		Transaction ID: INC.A.70574	
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00337394		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 2901 TELESTAR COURT		Transaction ID: INC.A.70575	
City State Zip Code FALLS CHURCH VA 22042	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00005249		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 74
	(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)
JOHN T. DOOLITTLE FOR CONGRESS

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

Mailing Address P.O. BOX 13222

City State Zip Code
SACRAMENTO CA 95813

FEC ID number of contributing federal political committee. **C** C00129122

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	0	7

Transaction ID: INC.A.70593

Amount of Each Receipt this Period
1600.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	14850.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 74
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST. SE

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23873.91

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 25 / 2007

Transaction ID: INC:A:70365

Amount of Each Receipt this Period
21314.41

REFUND OF OVERPAYMENT

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

B. Full Name (Last, First, Middle Initial)
SUREWEST WIRELESS

Mailing Address P. O. BOX 969

City State Zip Code
ROSEVILLE CA 95661

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
594.98

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 27 / 2007

Transaction ID: INC:A:70401

Amount of Each Receipt this Period
119.96

REFUND

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

C. Full Name (Last, First, Middle Initial)
REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST. SE

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23873.91

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 10 / 2007

Transaction ID: INC:A:70437

Amount of Each Receipt this Period
2559.50

REFUND OF OVERPAYMENT MADE IN 2006 FOR T

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

SUBTOTAL of Receipts This Page (optional)	23993.87
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 43 / 74	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCNALLY TEMPLE ASSOC.

Mailing Address 1818 CAPITOL AVE.

City	State	Zip Code
Sacramento	CA	95814

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

Name of Employer	Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15906.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	0	7

Transaction ID: INC:A:70461

Amount of Each Receipt this Period
4716.65

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

SUBTOTAL of Receipts This Page (optional)	▶	4716.65
TOTAL This Period (last page this line number only)	▶	28710.52

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. US BANK Full Name (Last, First, Middle Initial) Mailing Address 211 ESTATES DR. City Roseville State CA Zip Code 95678 Purpose of Disbursement MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EXP.B.70412 Date of Disbursement 04 / 02 / 2007 Amount of Each Disbursement this Period 35.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. BAUER, DAVID Full Name (Last, First, Middle Initial) Mailing Address 2150 RIVER PLAZA DR. #150 City Sacramento State CA Zip Code 95833 Purpose of Disbursement ACCOUNTING SVC. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EXP.B.70300 Date of Disbursement 04 / 03 / 2007 Amount of Each Disbursement this Period 607.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. FEDEX Full Name (Last, First, Middle Initial) Mailing Address P. O. BOX 7221 City PASADENA State CA Zip Code 91109 Purpose of Disbursement SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EXP.B.70298 Date of Disbursement 04 / 03 / 2007 Amount of Each Disbursement this Period 118.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

761.43

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHNSONCLARK ASSOC.		Transaction ID: EXP.B.70296 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 28.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95833	Purpose of Disbursement SHIPPING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SUREWEST COMMUNICATIONS		Transaction ID: EXP.B.70294 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address P. O. BOX 1110		Amount of Each Disbursement this Period 264.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ROSEVILLE State CA Zip Code 95747	Purpose of Disbursement PHONE SVC. Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. THE SUTTER CLUB		Transaction ID: EXP.B.70292 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 1220 9TH ST.		Amount of Each Disbursement this Period 222.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95814	Purpose of Disbursement DUES Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	514.70
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)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

<p>A. WILEY REIN & FIELDING LLP</p> <p>Full Name (Last, First, Middle Initial) WILEY REIN & FIELDING LLP</p> <p>Mailing Address 1776 K ST. NW</p> <p>City WASHINGTON State DC Zip Code 20006</p> <p>Purpose of Disbursement LEGAL FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EXP.B.70290</p> <p>Date of Disbursement 04 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 2003.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. SIERRA DOMINION FINANCIAL SOLUTIONS, INC.</p> <p>Full Name (Last, First, Middle Initial) SIERRA DOMINION FINANCIAL SOLUTIONS, INC.</p> <p>Mailing Address 10531 MEREWORTH LN.</p> <p>City OAKTON State VA Zip Code 22124</p> <p>Purpose of Disbursement FUNDRAISING FEE</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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EXP.B.70325</p> <p>Date of Disbursement 04 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 9095.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. SIERRA DOMINION FINANCIAL SOLUTIONS, INC.</p> <p>Full Name (Last, First, Middle Initial) SIERRA DOMINION FINANCIAL SOLUTIONS, INC.</p> <p>Mailing Address 10531 MEREWORTH LN.</p> <p>City OAKTON State VA Zip Code 22124</p> <p>Purpose of Disbursement FUNDRAISING SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EXP.B.70327</p> <p>Date of Disbursement 04 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 40905.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

52003.22

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)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US BANK		Transaction ID: EXP.B.70413 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 211 ESTATES DR.		Amount of Each Disbursement this Period 16.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseville State CA Zip Code 95678	Purpose of Disbursement MERCHANT FEE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US BANK		Transaction ID: EXP.B.70414 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 211 ESTATES DR.		Amount of Each Disbursement this Period 19.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseville State CA Zip Code 95678	Purpose of Disbursement MERCHANT FEE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BAUER, DAVID		Transaction ID: EXP.B.70363 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 345.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC. Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	380.40
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)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HEADQUARTERS PARTNERSHIP		Transaction ID: EXP.B.70362 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 9971 BASE LINE RD.		Amount of Each Disbursement this Period 500.00
City ELVERTA State CA Zip Code 95626	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE RENT Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. RIGHTCLICK STRATEGIES		Transaction ID: EXP.B.70416 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address 1140 CONNECTICUT AVE.		Amount of Each Disbursement this Period 238.17
City WASHINGTON State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MERCHANT FEE Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. STATE COMPENSATION INSURANCE FUND		Transaction ID: EXP.B.70366 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 7
Mailing Address P. O. BOX 254700		Amount of Each Disbursement this Period 22.18
City SACRAMENTO State CA Zip Code 95865	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INSURANCE Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	760.35
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RIGHTCLICK STRATEGIES		Transaction ID: EXP.B.70438 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7
Mailing Address 1140 CONNECTICUT AVE.		Amount of Each Disbursement this Period 404.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement MERCHANT FEE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRST CARD		Transaction ID: EXP.B.70408 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address P. O. BOX 94014		Amount of Each Disbursement this Period 2546.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City PALATINE State IL Zip Code 60094	Purpose of Disbursement FUNDRAISING EXP., TRAVEL EXP. Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRST CARD		Transaction ID: EXP.B.70410 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address P. O. BOX 94014		Amount of Each Disbursement this Period 12453.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City PALATINE State IL Zip Code 60094	Purpose of Disbursement CREDIT CARD STATEMENT Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15404.50
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 74

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

<p>A. US BANK</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 211 ESTATES DR.</p> <p>City Roseville State CA Zip Code 95678</p> <p>Purpose of Disbursement MERCHANT FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EXP.B.70506 Date of Disbursement 05 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. WILEY REIN & FIELDING LLP</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1776 K ST. NW</p> <p>City WASHINGTON State DC Zip Code 20006</p> <p>Purpose of Disbursement LEGAL FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EXP.B.70406 Date of Disbursement 05 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 13638.41</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. RIGHTCLICK STRATEGIES</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1140 CONNECTICUT AVE.</p> <p>City WASHINGTON State DC Zip Code 20036</p> <p>Purpose of Disbursement MERCHANT FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: EXP.B.70417 Date of Disbursement 05 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 176.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13844.41

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US BANK		Transaction ID: EXP.B.70507 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 211 ESTATES DR.		Amount of Each Disbursement this Period 16.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseville State CA Zip Code 95678	Purpose of Disbursement MERCHANT FEE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US BANK		Transaction ID: EXP.B.70508 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 211 ESTATES DR.		Amount of Each Disbursement this Period 19.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseville State CA Zip Code 95678	Purpose of Disbursement MERCHANT FEE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AVALON GRAPHICS		Transaction ID: EXP.B.70439 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 106 N. SUNRISE AVE.		Amount of Each Disbursement this Period 2693.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roseville State CA Zip Code 95661	Purpose of Disbursement PRINTING Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2729.33
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)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AVENTUM		Transaction ID: EXP.B.70440 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 1155 21ST ST. NW #330		Amount of Each Disbursement this Period 5233.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20036	Category/ Type 003	
Purpose of Disbursement FUNDRAISING SVC.		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Transaction ID: EXP.B.70441 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 300 1ST ST., S.E.		Amount of Each Disbursement this Period 1343.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Category/ Type 003	
Purpose of Disbursement CATERING FOR FUNDRAISER		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JOHNSONCLARK ASSOC.		Transaction ID: EXP.B.70442 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 22.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sacramento State CA Zip Code 95833	Category/ Type 001	
Purpose of Disbursement SHIPPING		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6600.05
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PLACER MAILING SVC.		Transaction ID: EXP.B.70444 Date of Disbursement 05 / 10 / 2007	
Mailing Address 383NEVADA ST.		Amount of Each Disbursement this Period 1501.16	
City AUBURN State CA Zip Code 95603	Purpose of Disbursement MASS MAIL Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SUREWEST COMMUNICATIONS		Transaction ID: EXP.B.70445 Date of Disbursement 05 / 10 / 2007	
Mailing Address P. O. BOX 1110		Amount of Each Disbursement this Period 1534.32	
City ROSEVILLE State CA Zip Code 95747	Purpose of Disbursement PHONE SVC. Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. THE SUTTER CLUB		Transaction ID: EXP.B.70446 Date of Disbursement 05 / 10 / 2007	
Mailing Address 1220 9TH ST.		Amount of Each Disbursement this Period 335.80	
City Sacramento State CA Zip Code 95814	Purpose of Disbursement MEETINGS EXPENSE Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3371.28
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)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WILEY REIN & FIELDING LLP		Transaction ID: EXP.B.70447 Date of Disbursement 05 / 10 / 2007
Mailing Address 1776 K ST. NW		Amount of Each Disbursement this Period 1002.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement LEGAL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. WILLIAMS MULLEN		Transaction ID: EXP.B.70448 Date of Disbursement 05 / 10 / 2007
Mailing Address 8270 GREENSBORO DR. #700		Amount of Each Disbursement this Period 30000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City MCLEAN State VA Zip Code 22102	Purpose of Disbursement LEGAL FEES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ROGERS, RON		Transaction ID: EXP.B.70450 Date of Disbursement 05 / 11 / 2007
Mailing Address P. O. BOX 1863		Amount of Each Disbursement this Period 642.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City SACRAMENTO State CA Zip Code 95812	Purpose of Disbursement TRAVEL EXP. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	31644.71
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RENAISSANCE		Transaction ID: EDT.B.1193 Date of Disbursement 04 / 27 / 2007	
Mailing Address 999 9TH ST. NW		Amount of Each Disbursement this Period 455.55	
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement LODGING Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			

Full Name (Last, First, Middle Initial) B. RIGHTCLICK STRATEGIES		Transaction ID: EXP.B.70603 Date of Disbursement 05 / 15 / 2007	
Mailing Address 1140 CONNECTICUT AVE.		Amount of Each Disbursement this Period 48.36	
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement MERCHANT FEE Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			

Full Name (Last, First, Middle Initial) C. RIGHTCLICK STRATEGIES		Transaction ID: EXP.B.70469 Date of Disbursement 05 / 18 / 2007	
Mailing Address 1140 CONNECTICUT AVE.		Amount of Each Disbursement this Period 64.25	
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement MERCHANT FEE Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			

SUBTOTAL of Disbursements This Page (optional) ▶	112.61
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HEADQUARTERS PARTNERSHIP		Transaction ID: EXP.B.70462 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 9971 BASE LINE RD.		Amount of Each Disbursement this Period 854.00
City ELVERTA State CA Zip Code 95626	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE RENT Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ADFERO GROUP, LLC		Transaction ID: EXP.B.70471 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 1140 CONNECTICUT AVE. NW #610		Amount of Each Disbursement this Period 597.00
City WASHINGTON State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEBSITE HOSTING Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DODGE, CANDACE		Transaction ID: EXP.B.70472 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 5240 ROCKLIN RD. #415		Amount of Each Disbursement this Period 500.00
City ROCKLIN State CA Zip Code 95677	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DATA ENTRY Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1951.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX		Transaction ID: EXP.B.70473 Date of Disbursement 05 / 24 / 2007	
Mailing Address P. O. BOX 7221		Amount of Each Disbursement this Period 21.59	
City PASADENA State CA Zip Code 91109	Purpose of Disbursement SHIPPING Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FIRST CARD		Transaction ID: EXP.B.70474 Date of Disbursement 05 / 24 / 2007	
Mailing Address P. O. BOX 94014		Amount of Each Disbursement this Period 2637.27	
City PALATINE State IL Zip Code 60094	Purpose of Disbursement CREDIT CARD STATEMENT Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FIRST CARD		Transaction ID: EXP.B.70476 Date of Disbursement 05 / 24 / 2007	
Mailing Address P. O. BOX 94014		Amount of Each Disbursement this Period 2287.94	
City PALATINE State IL Zip Code 60094	Purpose of Disbursement CREDIT CARD STATEMENT Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4946.80
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)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. WILEY REIN & FIELDING LLP Full Name (Last, First, Middle Initial) Mailing Address 1776 K ST. NW City WASHINGTON State DC Zip Code 20006 Purpose of Disbursement LEGAL FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EXP.B.70480 Date of Disbursement 05 / 24 / 2007 Amount of Each Disbursement this Period 3939.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. RIGHTCLICK STRATEGIES Full Name (Last, First, Middle Initial) Mailing Address 1140 CONNECTICUT AVE. City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement MERCHANT FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EXP.B.70489 Date of Disbursement 05 / 25 / 2007 Amount of Each Disbursement this Period 671.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. RIGHTCLICK STRATEGIES Full Name (Last, First, Middle Initial) Mailing Address 1140 CONNECTICUT AVE. City WASHINGTON State DC Zip Code 20036 Purpose of Disbursement MERCHANT FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EXP.B.70571 Date of Disbursement 05 / 31 / 2007 Amount of Each Disbursement this Period 231.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4842.39

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)

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

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NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US BANK		Transaction ID: EXP.B.70509 Date of Disbursement 06 / 01 / 2007	
Mailing Address 211 ESTATES DR.		Amount of Each Disbursement this Period 30.00	
City Roseville	State CA	Zip Code 95678	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MERCHANT FEE		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. US BANK		Transaction ID: EXP.B.70510 Date of Disbursement 06 / 04 / 2007	
Mailing Address 211 ESTATES DR.		Amount of Each Disbursement this Period 16.09	
City Roseville	State CA	Zip Code 95678	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MERCHANT FEE		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. US BANK		Transaction ID: EXP.B.70511 Date of Disbursement 06 / 04 / 2007	
Mailing Address 211 ESTATES DR.		Amount of Each Disbursement this Period 19.31	
City Roseville	State CA	Zip Code 95678	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MERCHANT FEE		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	65.40
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)

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

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

NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOAN LEINEKE CATERING		Transaction ID: EXP.B.70478 Date of Disbursement 06 / 13 / 2007
Mailing Address 4001 BUCHANAN RD.		Amount of Each Disbursement this Period 4654.50
City Fair Oaks State CA Zip Code 95628	Purpose of Disbursement CATERING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. RIGHTCLICK STRATEGIES		Transaction ID: EXP.B.70604 Date of Disbursement 06 / 14 / 2007
Mailing Address 1140 CONNECTICUT AVE.		Amount of Each Disbursement this Period 18.50
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement MERCHANT FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. GENE BERTHELSEN		Transaction ID: EXP.B.70572 Date of Disbursement 06 / 19 / 2007
Mailing Address 941 FREMONT WAY		Amount of Each Disbursement this Period 800.00
City Sacramento State CA Zip Code 95818	Purpose of Disbursement ENTERTAINMENT FOR FUNDRAISER Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5473.00
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 / 74

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

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

NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. POSTMASTER

Mailing Address AUBURN-FOLSOM RD.

City GRANITE BAY State CA Zip Code 95674

Purpose of Disbursement
POSTAGE

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.70573

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

200.00

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

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

145605.58

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SIERRA DOMINION FINANCIAL SOLUTIONS, INC.	Nature of Debt (Purpose): FUNDRAISING FEE
Mailing Address 10531 MEREWORTH LN.	
City State ZIP Code OAKTON VA 22124	

Outstanding Balance Beginning This Period 9095.00	Transaction ID: PAY:D:69287	
Amount Incurred This Period 0.00	Payment This Period 9095.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WILEY REIN & FIELDING LLP	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1776 K ST. NW	
City State ZIP Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period 13638.41	Transaction ID: PAY:D:69863	
Amount Incurred This Period 0.00	Payment This Period 13638.41	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIRST CARD	Nature of Debt (Purpose): FUNDRAISING EXP., TRAVEL EXP.
Mailing Address P. O. BOX 94014	
City State ZIP Code PALATINE IL 60094	

Outstanding Balance Beginning This Period 2546.50	Transaction ID: PAY:D:69933	
Amount Incurred This Period 0.00	Payment This Period 2546.50	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	0.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 63 / 74
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SIERRA DOMINION FINANCIAL SOLUTIONS, INC.	Nature of Debt (Purpose): FUNDRAISING SERVICES
Mailing Address 10531 MEREWORTH LN.	
City State ZIP Code OAKTON VA 22124	

Outstanding Balance Beginning This Period <input type="text" value="117376.20"/>	Transaction ID: PAY:D:69971	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="40905.00"/>	Outstanding Balance at Close of This Period <input type="text" value="76471.20"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIRST CARD	Nature of Debt (Purpose): CREDIT CARD STATEMENT
Mailing Address P. O. BOX 94014	
City State ZIP Code PALATINE IL 60094	

Outstanding Balance Beginning This Period <input type="text" value="25090.77"/>	Transaction ID: PAY:D:70244	
Amount Incurred This Period <input type="text" value="-10000.00"/>	Payment This Period <input type="text" value="15090.77"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID BAUER	Nature of Debt (Purpose): ACCOUNTING SVC.
Mailing Address 2150 RIVER PLAZA DR. #150	
City State ZIP Code Sacramento CA 95833	

Outstanding Balance Beginning This Period <input type="text" value="607.20"/>	Transaction ID: PAY:D:70284	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="607.20"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="76471.20"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
 (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FEDEX	Nature of Debt (Purpose): SHIPPING
Mailing Address P. O. BOX 7221	
City State ZIP Code PASADENA CA 91109	

Outstanding Balance Beginning This Period 118.84	Transaction ID: PAY:D:70285	
Amount Incurred This Period 0.00	Payment This Period 118.84	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor JOHNSONCLARK ASSOC.	Nature of Debt (Purpose): SHIPPING
Mailing Address 2150 RIVER PLAZA DR. #150	
City State ZIP Code Sacramento CA 95833	

Outstanding Balance Beginning This Period 28.18	Transaction ID: PAY:D:70286	
Amount Incurred This Period 0.00	Payment This Period 28.18	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUREWEST COMMUNICATIONS	Nature of Debt (Purpose): PHONE SVC.
Mailing Address P. O. BOX 1110	
City State ZIP Code ROSEVILLE CA 95747	

Outstanding Balance Beginning This Period 264.06	Transaction ID: PAY:D:70287	
Amount Incurred This Period 0.00	Payment This Period 264.06	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 65 / 74
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE SUTTER CLUB	Nature of Debt (Purpose): DUES
Mailing Address 1220 9TH ST.	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 222.46	Transaction ID: PAY:D:70288	
Amount Incurred This Period 0.00	Payment This Period 222.46	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WILEY REIN & FIELDING LLP	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1776 K ST. NW	
City State ZIP Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period 2003.22	Transaction ID: PAY:D:70289	
Amount Incurred This Period 0.00	Payment This Period 2003.22	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VOTENET SYSTEMS	Nature of Debt (Purpose): POLITICAL CONSULTING
Mailing Address 8345 CEDAR FALLS CT.	
City State ZIP Code GRANITE BAY CA 95746	

Outstanding Balance Beginning This Period 1500.00	Transaction ID: PAY:D:70302	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) SUBTOTALS This Period This Page (optional).....	▶	1500.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIRST CARD	Nature of Debt (Purpose): CREDIT CARD STMT
Mailing Address P. O. BOX 94014	
City State ZIP Code PALATINE IL 60094	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70598	
Amount Incurred This Period 4095.51	Payment This Period 0.00	Outstanding Balance at Close of This Period 4095.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AVALON GRAPHICS	Nature of Debt (Purpose): FUNDRAISING SUPPLIES
Mailing Address 106 N. SUNRISE AVE.	
City State ZIP Code Roseville CA 95661	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70606	
Amount Incurred This Period 423.64	Payment This Period 0.00	Outstanding Balance at Close of This Period 423.64

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAPITOL HILL CLUB	Nature of Debt (Purpose): DUES
Mailing Address 300 1ST ST., S.E.	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70607	
Amount Incurred This Period 62.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 62.30

1) SUBTOTALS This Period This Page (optional).....	▶	4581.45
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FEDEX	Nature of Debt (Purpose): SHIPPING
Mailing Address P. O. BOX 7221	
City State ZIP Code PASADENA CA 91109	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70608	
Amount Incurred This Period 271.87	Payment This Period 0.00	Outstanding Balance at Close of This Period 271.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor JOHNSONCLARK ASSOC.	Nature of Debt (Purpose): COPIES, POSTAGE
Mailing Address 2150 RIVER PLAZA DR. #150	
City State ZIP Code Sacramento CA 95833	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70609	
Amount Incurred This Period 265.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 265.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor JOAN LEINEKE CATERING	Nature of Debt (Purpose): CATERING
Mailing Address 4001 BUCHANAN RD.	
City State ZIP Code Fair Oaks CA 95628	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70610	
Amount Incurred This Period 11892.07	Payment This Period 0.00	Outstanding Balance at Close of This Period 11892.07

1) SUBTOTALS This Period This Page (optional).....	12429.74
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MCNALLY TEMPLE ASSOC.	Nature of Debt (Purpose): RADIO MONITORING
Mailing Address 1818 CAPITOL AVE.	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70611	
Amount Incurred This Period 69.71	Payment This Period 0.00	Outstanding Balance at Close of This Period 69.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUREWEST COMMUNICATIONS	Nature of Debt (Purpose): PHONE SVC.
Mailing Address P. O. BOX 1110	
City State ZIP Code ROSEVILLE CA 95747	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70612	
Amount Incurred This Period 615.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 615.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PLACER COUNTY REPUBLICAN PARTY	Nature of Debt (Purpose): ADMINISTRATIVE STAFF SERVICES
Mailing Address P. O. BOX 292	
City State ZIP Code LOOMIS CA 95650	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70637	
Amount Incurred This Period 1000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) SUBTOTALS This Period This Page (optional).....	▶	1684.83
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 69 / 74
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VOTENET SYSTEMS	Nature of Debt (Purpose): POLITICAL CONSULTING
Mailing Address 8345 CEDAR FALLS CT.	
City State ZIP Code GRANITE BAY CA 95746	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70640	
Amount Incurred This Period 6000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DAVID BAUER	Nature of Debt (Purpose): ACCOUNTING SERVICES
Mailing Address 2150 RIVER PLAZA DR. #150	
City State ZIP Code Sacramento CA 95833	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70641	
Amount Incurred This Period 1435.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 1435.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WILEY REIN & FIELDING LLP	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1776 K ST. NW	
City State ZIP Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70642	
Amount Incurred This Period 2531.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 2531.25

1) SUBTOTALS This Period This Page (optional).....	9966.45
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 70 / 74
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ZEBRA CLUB	Nature of Debt (Purpose): CATERING SERVICES
Mailing Address 1900 P ST.	
City State ZIP Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PAY:D:70666	
Amount Incurred This Period 1667.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1667.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNITED AIRLINES	Nature of Debt (Purpose): (MEMO)AIRFARE
Mailing Address SACRAMENTO INT'L AIRPORT	
City State ZIP Code Sacramento CA 95838	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PDT:D:808	
Amount Incurred This Period 870.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UNITED AIRLINES	Nature of Debt (Purpose): (MEMO)AIRFARE
Mailing Address SACRAMENTO INT'L AIRPORT	
City State ZIP Code Sacramento CA 95838	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PDT:D:809	
Amount Incurred This Period 865.60	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	1667.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HERTZ	Nature of Debt (Purpose): (MEMO)AUTO RENTAL
Mailing Address SACRAMENTO INT'L AIRPORT	
City State ZIP Code SACRAMENTO CA 95838	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PDT:D:810	
Amount Incurred This Period 272.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SIGNS ON TIME	Nature of Debt (Purpose): (MEMO)SIGNS FOR FUNDRAISER
Mailing Address 1700 ROCKY RIDGE DR. #130	
City State ZIP Code ROSEVILLE CA 95661	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PDT:D:811	
Amount Incurred This Period 461.88	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TOGOS BASKIN ROBBINS	Nature of Debt (Purpose): (MEMO)FOOD FOR FUNDRAISER
Mailing Address 8690 SIERRA COLLEGE BLVD. #150	
City State ZIP Code ROSEVILLE CA 95661	

Outstanding Balance Beginning This Period 0.00	Transaction ID: PDT:D:812	
Amount Incurred This Period 492.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLIC STORAGE	Nature of Debt (Purpose): (MEMO)STORAGE RENTAL
Mailing Address 11334 LEE HWY	
City State ZIP Code FAIRFAX VA 22030	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID: PDT:D:813
Amount Incurred This Period <input style="width:100%;" type="text" value="293.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ALL AMERICAN STORAGE	Nature of Debt (Purpose): (MEMO)STORAGE RENTAL
Mailing Address 3070 TAYLOR RD.	
City State ZIP Code ROSEVILLE CA 95678	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID: PDT:D:814
Amount Incurred This Period <input style="width:100%;" type="text" value="183.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CIRCUIT CITY	Nature of Debt (Purpose): (MEMO)OFFICE SUPPLIES
Mailing Address 1905 CHAIN BRIDGE RD.	
City State ZIP Code MCLEAN VA 22182	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID: PDT:D:820
Amount Incurred This Period <input style="width:100%;" type="text" value="160.84"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input style="width:100%;" type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input style="width:100%;" type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
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NAME OF COMMITTEE (In Full)
 JOHN T. DOOLITTLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HOUSE OF REPRESENTATIVES GIFT SHOP		Nature of Debt (Purpose): (MEMO)CARDS
Mailing Address HOUSE OF REPRESENTATIVES		
City State ZIP Code WASHINGTON DC 20515		

Outstanding Balance Beginning This Period 0.00		Transaction ID: PDT:D:821	
Amount Incurred This Period 54.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor POSTMASTER		Nature of Debt (Purpose): (MEMO)POSTAGE
Mailing Address AUBURN-FOLSOM RD.		
City State ZIP Code GRANITE BAY CA 95674		

Outstanding Balance Beginning This Period 0.00		Transaction ID: PDT:D:822	
Amount Incurred This Period 339.90	Payment This Period 0.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	108300.67
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Image# 27931182023

Form/Schedule: **F3A** Election cycle designations corrected on various transactions.
Transaction ID:
