

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

ADDRESS (number and street) 607 14th Street, NW, Suite 800  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00391961  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2006 through 08 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Edward Silverman  
Signature of Treasurer Electronically Filed by Edward Silverman Date 09 20 2006

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  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		183938.06
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	600038.41									
(c) Total Receipts (from Line 19) .....	18128.54	652656.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	618166.95	836594.18								
7. Total Disbursements (from Line 31) .....	52652.70	271079.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	565514.25	565514.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4000.00	323100.00
(i) Itemized (use Schedule A) .....	0.00	300.00
(ii) Unitemized .....	4000.00	323400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	13500.00	327000.00
(c) Other Political Committees (such as PACs) .....	17500.00	650400.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	49.89
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	628.54	2206.23
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18128.54	652656.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18128.54	652656.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	40652.70	173579.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	40652.70	173579.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	96000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	1500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	52652.70	271079.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	52652.70	271079.93

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17500.00	650400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17500.00	650400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	40652.70	173579.93
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	49.89
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	40652.70	173530.04

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

**A.** Full Name (Last, First, Middle Initial)  
Lawrence Oseran

Mailing Address 3434 2nd Avenue South

City State Zip Code  
Seattle WA 98134

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

Transaction ID: C921

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3622 Bagley Avenue North

City State Zip Code  
Seattle WA 98103

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

Name of Employer Occupation  
Brown Ravus et al. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

Transaction ID: C920

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew E. Manatos

Mailing Address 6856 Tulip Hill Terrace

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
Manatos & Manatos President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

Transaction ID: C918

Amount of Each Receipt this Period  
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 28	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Frank G. Lingenbrink		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 2303 Montavista Place West		<b>Transaction ID: C919</b>	
City State Zip Code Seattle WA 98199	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Employed Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. National Association of Shareholders &amp; Consumer Attorneys PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address One Pennsylvania Plaza 48th Floor		<b>Transaction ID: C907</b>
City State Zip Code New York NY 10119	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00236687		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Pitney Bowes Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006
Mailing Address 1 Elmcroft Road MSC 6423		<b>Transaction ID: C915</b>
City State Zip Code Stamford CT 06926	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00339499		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Morgan Stanley PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006
Mailing Address 1585 Broadway 39th Floor		<b>Transaction ID: C908</b>
City State Zip Code New York NY 10036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00337626		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Managed Funds Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	
Mailing Address 2025 M Street, NW Suite 800		<b>Transaction ID: C913</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00306894			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. American Insurance Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 1130 Connecticut Avenue, NW Suite 1000		<b>Transaction ID: C912</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00103143			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. America's Community Bankers Community Campaign Committee</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6	
Mailing Address 900 19th Street, NW Suite 400		<b>Transaction ID: C916</b>	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 3000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00001875			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	13500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 28
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

**A.** Full Name (Last, First, Middle Initial)  
Citibank, F.S.B.

Mailing Address 1400 G Street, N.W.

City	State	Zip Code
Washington	DC	20005

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2206.23

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	6

Transaction ID: C924

Amount of Each Receipt this Period  
628.54

\* Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	628.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	628.54

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID: D824</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 374.85
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID: D830</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 63.69
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID: D838</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 29.60
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	468.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID: D848</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 40.69
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID: D856</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 29.07
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID: D864</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 146.53
City Memphis State TN Zip Code 38101		
Purpose of Disbursement Shipping Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	216.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

PAGE 13 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID: D868</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 13.71
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID: D873</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 22.64
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID: D878</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 146.87
City Memphis State TN Zip Code 38101	Purpose of Disbursement Shipping Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	183.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Portland Harbor Hotel</b>		<b>Transaction ID: D823</b> Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 468 Fore Street		Amount of Each Disbursement this Period 313.53
City Portland State ME Zip Code 04101	Purpose of Disbursement Travel	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Portland Harbor Hotel</b>		<b>Transaction ID: D829</b> Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 468 Fore Street		Amount of Each Disbursement this Period 337.06
City Portland State ME Zip Code 04101	Purpose of Disbursement Travel	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Micah I. Kagan</b>		<b>Transaction ID: D835</b> Date of Disbursement MM / DD / YYYY 08 / 14 / 2006
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 892.92
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1543.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Micah I. Kagan</b>		<b>Transaction ID: D836</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1820 Clydesdale Place, NW Apartment 304		Amount of Each Disbursement this Period 892.92
City Washington State DC Zip Code 20009	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citibank, F.S.B.</b>		<b>Transaction ID: D861</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 1400 G Street, N.W.		Amount of Each Disbursement this Period 34.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Bank Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. U.S. Airways</b>		<b>Transaction ID: D822</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 534.60
City Washington State DC Zip Code 20006	Purpose of Disbursement Travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1461.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. U.S. Airways</b>		<b>Transaction ID: D854</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 1776 K Street, NW		Amount of Each Disbursement this Period 928.80
City Washington State DC Zip Code 20006	Category/ Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		<b>Transaction ID: D855</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 50 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 113.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aer Lingus</b>		<b>Transaction ID: D852</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 538 Broadhollow Road		Amount of Each Disbursement this Period 3400.15
City Melville State NY Zip Code 11747	Category/ Type	
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4441.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Berger Strategies, Inc.</b>		<b>Transaction ID: D828</b> Date of Disbursement MM / DD / YYYY 08 / 08 / 2006
Mailing Address 322 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Category/ Type	
Purpose of Disbursement Fundraising Consulting Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Tracey Buckman</b>		<b>Transaction ID: D849</b> Date of Disbursement MM / DD / YYYY 08 / 22 / 2006
Mailing Address 2311 Creek Drive		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22308	Category/ Type	
Purpose of Disbursement Fundraising Consulting Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		<b>Transaction ID: D862</b> Date of Disbursement MM / DD / YYYY 08 / 24 / 2006
Mailing Address 3301 Jefferson Davis Highway		Amount of Each Disbursement this Period 411.85
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement Office Supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10411.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		<b>Transaction ID: D866</b> Date of Disbursement MM / DD / YYYY 08 / 25 / 2006
Mailing Address 3301 Jefferson Davis Highway		Amount of Each Disbursement this Period 226.63
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Office Supplies	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID: D871</b> Date of Disbursement MM / DD / YYYY 08 / 28 / 2006
Mailing Address 3301 Jefferson Davis Highway		Amount of Each Disbursement this Period 524.48
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Office Supplies	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		<b>Transaction ID: D877</b> Date of Disbursement MM / DD / YYYY 08 / 29 / 2006
Mailing Address 3301 Jefferson Davis Highway		Amount of Each Disbursement this Period 185.05
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Office Supplies	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	936.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		<b>Transaction ID: D832</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 119.40
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		<b>Transaction ID: D840</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 1326.45
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		<b>Transaction ID: D841</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3060 Williams Drive Suite 3060		Amount of Each Disbursement this Period 1326.45
City Fairfax State VA Zip Code 22031	Purpose of Disbursement Payroll Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2772.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

<b>A. Paychex</b> Full Name (Last, First, Middle Initial) Mailing Address 3060 Williams Drive Suite 3060 City Fairfax State VA Zip Code 22031 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D842</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 125.20 Category/Type
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<b>B. Perkins Coie LLP</b> Full Name (Last, First, Middle Initial) Mailing Address 1201 Third Avenue, 40th Floor City Seattle State WA Zip Code 98101 Purpose of Disbursement Legal & Accounting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D825</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 2444.23 Category/Type
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<b>C. Kimball Stroud &amp; Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 227 Massachusetts Avenue, NE Suite 101 City Washington State DC Zip Code 20002 Purpose of Disbursement Rent & Office Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D827</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 1757.97 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4327.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		<b>Transaction ID: D853</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 2 North LaSalle Street		Amount of Each Disbursement this Period 438.10
City Chicago State IL Zip Code 60602		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		<b>Transaction ID: D859</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 2 North LaSalle Street		Amount of Each Disbursement this Period 15.00
City Chicago State IL Zip Code 60602		
Purpose of Disbursement Travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Benjamin S. Young</b>		<b>Transaction ID: D879</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 6411 Brookside Drive		Amount of Each Disbursement this Period 418.51
City Chevy Chase State MD Zip Code 20815		
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	871.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. NGP Software</b>		<b>Transaction ID: D869</b> Date of Disbursement 08 / 28 / 2006
Mailing Address 1101 Vermont Avenue, NW Suite 710		Amount of Each Disbursement this Period 900.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Software & E-mail Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Westin Columbus</b>		<b>Transaction ID: D872</b> Date of Disbursement 08 / 28 / 2006
Mailing Address 310 South High Street		Amount of Each Disbursement this Period 483.88
City Columbus State OH Zip Code 43215	Purpose of Disbursement Travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		<b>Transaction ID: D821</b> Date of Disbursement 08 / 01 / 2006
Mailing Address P.O. Box 2969		Amount of Each Disbursement this Period 53.26
City Omaha State NE Zip Code 68103	Purpose of Disbursement Telephone Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1437.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

<b>A. AT&amp;T</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2969 City Omaha State NE Zip Code 68103 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D870</b> Date of Disbursement 08 / 28 / 2006 Amount of Each Disbursement this Period 91.71 Category/Type
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<b>B. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 17577 City Baltimore State MD Zip Code 21297-0513 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D826</b> Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 162.40 Category/Type
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<b>C. Hyatt Regency Philadelphia at Penn's Landing</b> Full Name (Last, First, Middle Initial) Mailing Address 201 South Columbus Boulevard City Philadelphia State PA Zip Code 19106 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D865</b> Date of Disbursement 08 / 25 / 2006 Amount of Each Disbursement this Period 1257.73 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1511.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Maura Keefe</b>		<b>Transaction ID: D831</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6	
Mailing Address P.O. Box 361		Amount of Each Disbursement this Period 5000.00	
City Readfield	State ME	Zip Code 04355	Category/ Type
Purpose of Disbursement Political Consulting Services			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Wyndham Burlington</b>		<b>Transaction ID: D876</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address 60 Battery Street		Amount of Each Disbursement this Period 457.67	
City Burlington	State VT	Zip Code 05401	Category/ Type
Purpose of Disbursement Travel			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Vincent Frillici</b>		<b>Transaction ID: D833</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 4617 Arkansas Avenue, NW		Amount of Each Disbursement this Period 2176.34	
City Washington	State DC	Zip Code 20011	Category/ Type
Purpose of Disbursement Salary			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7634.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
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"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial)

A. Vincent Frillici

Mailing Address 4617 Arkansas Avenue, NW

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D834

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

2176.34

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

2176.34

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

40393.28

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Wulsin For Congress</b>		<b>Transaction ID: D851</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 7440 Montgomery Road		Amount of Each Disbursement this Period 1000.00
City Cincinnati State OH Zip Code 45236	Purpose of Disbursement Contribution Category/Type	
Candidate Name Victoria W. Wulsin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 02		

Full Name (Last, First, Middle Initial) <b>B. Sestak For Congress</b>		<b>Transaction ID: D844</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 16		Amount of Each Disbursement this Period 1000.00
City Media State PA Zip Code 19063	Purpose of Disbursement Contribution Category/Type	
Candidate Name Joseph A. Sestak		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 07		

Full Name (Last, First, Middle Initial) <b>C. Patrick Murphy for Congress</b>		<b>Transaction ID: D850</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 868		Amount of Each Disbursement this Period 1000.00
City Levittown State PA Zip Code 19058	Purpose of Disbursement Contribution Category/Type	
Candidate Name Patrick Muprhy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 08		

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

Full Name (Last, First, Middle Initial) <b>A. Welch for Congress</b>		<b>Transaction ID: D846</b> Date of Disbursement 08 / 18 / 2006
Mailing Address P.O. Box 1086		Amount of Each Disbursement this Period 1000.00
City Montpelier	State VT	
Zip Code 05601		
Purpose of Disbursement Contribution Candidate Name Peter Welch Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VT District: 01		

Full Name (Last, First, Middle Initial) <b>B. Boswell For Congress</b>		<b>Transaction ID: D874</b> Date of Disbursement 08 / 29 / 2006
Mailing Address P.O. Box 6220		Amount of Each Disbursement this Period 2500.00
City Des Moines	State IA	
Zip Code 50309		
Purpose of Disbursement Contribution Candidate Name Leonard L. Boswell Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 03		

Full Name (Last, First, Middle Initial) <b>C. Braley For Congress</b>		<b>Transaction ID: D875</b> Date of Disbursement 08 / 29 / 2006
Mailing Address P.O. Box 390		Amount of Each Disbursement this Period 2500.00
City Waterloo	State IA	
Zip Code 50704		
Purpose of Disbursement Contribution Candidate Name Bruce L. Braley Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Citizens for Hope Responsibility Independence & Service PAC (CHRIS PAC)

<b>A. Kilroy For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 929 Harrison Avenue Suite 305 City Columbus State OH Zip Code 43215 Purpose of Disbursement Contribution Candidate Name Mary Jo Kilroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D845</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
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<b>B. Cranley For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 37 West 7th Street Suite 804 City Cincinnati State OH Zip Code 45202 Purpose of Disbursement Contribution Candidate Name John J. Cranley, IV Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D847</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
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<b>C. Lois Murphy for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 312 City Narberth State PA Zip Code 19072 Purpose of Disbursement Contribution Candidate Name Lois Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D843</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>12000.00</b>