



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Wulsin for Congress

Report Covering the Period: From: 

M	M
0	5

D	D
2	6

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	42022.08	52377.08
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	42022.08	52377.08
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	11858.77	11992.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11858.77	11992.77
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>5586.54</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>20000.00</b>	

**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  
Wulsin for Congress

Report Covering the Period: From: 

M	M
0	5

D	D
2	6

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

**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).....

29558.33

38828.33

(ii) Unitemized.....

12463.75

13548.75

(iii) TOTAL of contributions

42022.08

52377.08

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS  
(other than loans)

42022.08

52377.08

(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.....

20000.00

20000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

20000.00

20000.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....

0.00

0.00

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)..... ▶

62022.08

72377.08

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	11858.77	11992.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	54797.77	54797.77
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	66656.54	66790.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10221.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	62022.08
25. SUBTOTAL (add Line 23 and Line 24).....	72243.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	66656.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5586.54

# 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 5 / 33
	<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)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. James Alexander</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2005	
Mailing Address 274 Ogden St		Transaction ID: SA11A1.4338	
City New Haven	State CT	Amount of Each Receipt this Period 250.00	
Zip Code 06511		<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 None	Occupation Businessman		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Cornelia H Asbury</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2005	
Mailing Address 1201 Edgecliff PI 1012		Transaction ID: SA11A1.4647	
City Cincinnati	State OH	Amount of Each Receipt this Period 500.00	
Zip Code 45206		<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 Retired	Occupation Nurse		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Hathaway Barry</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2005	
Mailing Address PO Box 157		Transaction ID: SA11A1.4251	
City Pt. Reyes	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 94956		<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 None	Occupation Housewife		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<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)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Nancy Bertelsen		Date of Receipt M M / D D / Y Y Y Y Y 06 / 10 / 2005
Mailing Address P.O. Box 802		Transaction ID: SA11A1.4459
City Pt. Reyes Station	State CA	Zip Code 94956
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer self-employed Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Occupation psychologist Election Cycle-to-Date ▼ 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>B.</b> Nathalie Blossom		Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2005
Mailing Address 24148 Long Valley		Transaction ID: SA11A1.4288
City Hidden Hills	State CA	Zip Code 91302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Actress Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>C.</b> Julia M Boysen		Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2005
Mailing Address 9 Cornelia Dr.		Transaction ID: SA11A1.4523
City Greenwich	State CT	Zip Code 06830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation Housewife Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<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)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Andrea Clark Brown		Date of Receipt MM / DD / YYYY 06 / 21 / 2005
Mailing Address 340 8th Street S.		Transaction ID: SA11A1.4649
City Naples	State FL	Zip Code 34102
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer Andrea Clark Brown & Assoc.	Occupation Architect	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Elizabeth S Cashin		Date of Receipt MM / DD / YYYY 06 / 11 / 2005
Mailing Address 10 Gracie Square, Apt. 8G		Transaction ID: SA11A1.4516
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer Local Initiatives Support Corp	Occupation community development banker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Polly G Cherner		Date of Receipt MM / DD / YYYY 05 / 28 / 2005
Mailing Address 30 Oak Ave.		Transaction ID: SA11A1.4209
City San Anselmo	State CA	Zip Code 94960
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
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: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<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)  
Wulsin for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ann K Cooke

Mailing Address 5955 Drake Rd

City State Zip Code  
Cincinnati OH 45243

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

Name of Employer self-employed Occupation psychologist

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2005

Transaction ID: SA11A1.4260

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address Box 399

City State Zip Code  
Inverness CA 94937

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

Name of Employer None Occupation Pianist

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2005

Transaction ID: SA11A1.4454

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)  
Elizabeth Goldsmith

Mailing Address 3208 Menlo Ave.

City State Zip Code  
Cincinnati OH 45208

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

Name of Employer retired Occupation Social worker

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2005

Transaction ID: SA11A1.4512

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) ..... **2750.00**

**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 / 33
	<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)  
Wulsin for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Robert E Goodwin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address 119 Nelson Ave.		<b>Transaction ID:</b> SA11A1.4221	
City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None Occupation Househusband	Election Cycle-to-Date 500.00		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			

<b>B.</b> Full Name (Last, First, Middle Initial) William P Gotschall		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 5	
Mailing Address 6222 Cheryl Dr.		<b>Transaction ID:</b> SA11A1.4533	
City State Zip Code Falls Church VA 22044	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed Occupation Attorney	Election Cycle-to-Date 250.00		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			

<b>C.</b> Full Name (Last, First, Middle Initial) Michelle K Janmey		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 5	
Mailing Address 110 Idlewild Ln.		<b>Transaction ID:</b> SA11A1.4422	
City State Zip Code Media PA 19063	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None Occupation Housewife	Election Cycle-to-Date 300.00		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 33
	<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)  
Wulsin for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jill Joyce

Mailing Address PO Box 1250

City Millersville State MD Zip Code 21108

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

Name of Employer Self Employed Occupation Psychiatrist

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 2000.00

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

Transaction ID: SA11A1.4334

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)  
Charles W Krehbiel

Mailing Address 8225 Brill Rd.

City Cincinnati State OH Zip Code 45243

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

Name of Employer CJK Print Possibilities Occupation Printer Businessman

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 3 / 2 0 0 5

Transaction ID: SA11A1.4262

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)  
Dr. Joseph E Levinson

Mailing Address 2121 Alpine Pl Apt. 802

City Cincinnati State OH Zip Code 45206

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

Name of Employer Cincinnati Childrens Hospital Occupation physician

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 1000.00

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

Transaction ID: SA11A1.4227

Amount of Each Receipt this Period  
 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 33
	<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)  
Wulsin for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey B Maletta

Mailing Address 2800 36th St. NW

City Washington State DC Zip Code 20007

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

Name of Employer Kirkpatrick & Lockhart Nichols Occupation Attorney

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 250.00

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

Transaction ID: SA11A1.4217

Amount of Each Receipt this Period  
 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Inayat K Malik

Mailing Address 8905 Spooky Ridge Ln

City Cincinnati State OH Zip Code 45243

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

Name of Employer Bethesda North Hospital Occupation Urologist

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.4199

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)  
Ariel W Miller

Mailing Address 2940 Wold Ave

City Cincinnati State OH Zip Code 45206

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

Name of Employer Episcopal Services Occupation Social worker

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.4406

Amount of Each Receipt this Period  
 250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 33
	<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)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. Stephen M. O'Donnell</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2005	
Mailing Address 2052 Glencoe Way		Transaction ID: SA11A1.4527	
City State Zip Code Los Angeles CA 90068	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Jimmy Kimmel Inc Writer	Election Cycle-to-Date 500.00		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			

Full Name (Last, First, Middle Initial) <b>B. Doreen A Quinn</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2005	
Mailing Address 569 Evanswood Place		Transaction ID: SA11A1.4367	
City State Zip Code Cincinnati OH 45220	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation retired retired	Election Cycle-to-Date 1000.00		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			

Full Name (Last, First, Middle Initial) <b>C. Dorothy Foster Reed</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2005	
Mailing Address 142 East 71st St.		Transaction ID: SA11A1.4223	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-employed Artist Photographer	Election Cycle-to-Date 2000.00		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			

<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 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 33
	<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)  
Wulsin for Congress

**A.** Full Name (Last, First, Middle Initial)  
Paul Rosenberg

Mailing Address 52 Winthrop St.

City State Zip Code  
West Newton MA 02465

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

Name of Employer Occupation  
Bain & Co Partner - management consultant

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special-Primary

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2005

Transaction ID: SA11A1.4537

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Stanley M Rowe, R

Mailing Address 7100 Dearwester Dr.

City State Zip Code  
Cincinnati OH 45236

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

Name of Employer Occupation  
retired retired

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special-Primary

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2005

Transaction ID: SA11A1.4394

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)  
Alexander Sanger

Mailing Address 107 Bashon Hill Road

City State Zip Code  
Bozrah CT 06334

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

Name of Employer Occupation  
IPPF Council Chair

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
Special-Primary

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 13 / 2005

Transaction ID: SA11A1.4525

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 33
	<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)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> James E Schwab		Date of Receipt MM / DD / YYYY 06 / 10 / 2005
Mailing Address 1430 Riverside Dr.		<b>Transaction ID:</b> SA11A1.4471
City Cincinnati	State OH	Zip Code 45202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer US Bank	Occupation Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Katharine Sage Sohier		Date of Receipt MM / DD / YYYY 05 / 31 / 2005
Mailing Address 138 Lancaster Ter.		<b>Transaction ID:</b> SA11A1.4211
City Brookline	State MA	Zip Code 02446
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Free-lance - self-employed	Occupation Photographer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Nelson Kyle Steenland		Date of Receipt MM / DD / YYYY 05 / 29 / 2005
Mailing Address 1050 McLynn Ave		<b>Transaction ID:</b> SA11A1.4191
City Atlanta	State GA	Zip Code 30306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Emory University	Occupation Professor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 33
	<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)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. Martha Stewart</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 5	
Mailing Address P.O. Box 380556		<b>Transaction ID: SA11A1.4590</b>	
City Cambridge	State MA	Zip Code 02238	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self-employed	Occupation Portraitist Photography		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Geoffrey Strauss</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 5	
Mailing Address 3397 Erie Avenue #201		<b>Transaction ID: SA11A1.4308</b>	
City Cincinnati	State OH	Zip Code 45208	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Portfolio	Occupation Manager		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. John Goodspeed Stuart</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 5	
Mailing Address 1740 Marion St.		<b>Transaction ID: SA11A1.4247</b>	
City Denver	State CO	Zip Code 80218	Amount of Each Receipt this Period 300.00
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 retired	Occupation Superintendent of Schools		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	Election Cycle-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 33
	<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)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. Rosemary Stuart</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 5	
Mailing Address 664 Henry Street		Transaction ID: SA11A1.4324	
City State Zip Code Brooklyn NY 11231	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer New York City Dept of Education	Occupation Mathematics Supervisor		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth B Taylor</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 5	
Mailing Address 2311 S Fillmore		Transaction ID: SA11A1.4277	
City State Zip Code Denver CO 80210	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None		Occupation Housewife	
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Cheryle B Webb</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 5	
Mailing Address 7000 Drake Rd.		Transaction ID: SA11A1.4189	
City State Zip Code Cincinnati OH 45243	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired		Occupation Internist	
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	Election Cycle-to-Date 250.00		

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 33
	<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)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Elizabeth S Wells		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 5	
Mailing Address 2109 N. Taylor Rd.		Transaction ID: SA11A1.4187	
City Cleveland Heights	State OH	Zip Code 44112	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cleveland Health Education Mus	Occupation Teacher	Election Cycle-to-Date 1000.00	
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			

Full Name (Last, First, Middle Initial) <b>B.</b> Howard M Wells		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 5	
Mailing Address 2109 N. Taylor Rd.		Transaction ID: SA11A1.4185	
City Cleveland Heights	State OH	Zip Code 44112	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer United Way of Cleveland	Occupation Social worker	Election Cycle-to-Date 1000.00	
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			

Full Name (Last, First, Middle Initial) <b>C.</b> Bruce B Whitman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5	
Mailing Address 4061 Clifton Ridge Dr.		Transaction ID: SA11A1.4469	
City Cincinnati	State OH	Zip Code 45220	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Best Efforts	Occupation Lawyer	Election Cycle-to-Date 300.00	
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 33
	<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)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. Catherine Willis</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2005	
Mailing Address 7741 Kennedy Ln		Transaction ID: SA11A1.4535	
City State Zip Code Cincinnati OH 45242	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Felton Willis, LLC	Occupation Marketing Consultant		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Gene M Wilson</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2005	
Mailing Address 7730 Tecumseh Trail		Transaction ID: SA11A1.4609	
City State Zip Code Cincinnati OH 45243	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Consultant Investment Mgr		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Dianne Wulsin</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2005	
Mailing Address c/o H. Wulsin, 425 Seabreeze Ave.		Transaction ID: SA11A1.4294	
City State Zip Code Palm Beach FL 33480	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None	Occupation Special Education Teacher		
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 500.00		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 33
	<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)  
Wulsin for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mr Howard Wulsin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 5
Mailing Address 2575 Sand Hill Rd #95		<b>Transaction ID:</b> SA11A1.4352
City State Zip Code Menlo Park CA 94025		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stanford University	Occupation Teaching Fellow	
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr Howard Wulsin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 5
Mailing Address 2575 Sand Hill Rd #95		<b>Transaction ID:</b> SA11A1.4586
City State Zip Code Menlo Park CA 94025		Amount of Each Receipt this Period 53.50
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stanford University	Occupation Teaching Fellow	
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 553.50	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr Howard Wulsin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 5
Mailing Address 2575 Sand Hill Rd #95		<b>Transaction ID:</b> SA11A1.4588
City State Zip Code Menlo Park CA 94025		Amount of Each Receipt this Period 304.83
FEC ID number of contributing federal political committee. <b>C</b>		In-kind - contribution of photocopier <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stanford University	Occupation Teaching Fellow	
Receipt For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 858.33	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>858.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 33
	<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)  
Wulsin for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Hager Wulsin

Mailing Address 8405 Spooky Hollow Rd

City State Zip Code  
Cincinnati OH 45242

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

Name of Employer University of Cincinnati Occupation Surgeon

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 500.00

Date of Receipt  
06 / 04 / 2005

Transaction ID: SA11A1.4292

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)  
Stu Wulsin

Mailing Address 8875 Spooky Ridge Ln

City State Zip Code  
Cincinnati OH 45242

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

Name of Employer None Occupation Student

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 1500.00

Date of Receipt  
05 / 28 / 2005

Transaction ID: SA11A1.4179

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 5644 Twigwood Ln

City State Zip Code  
Cincinnati OH 45237

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

Name of Employer University of Cincinnati Occupation Professor

Receipt For: 2005  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 500.00

Date of Receipt  
06 / 04 / 2005

Transaction ID: SA11A1.4348

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Wulsin for Congress

**A.** Full Name (Last, First, Middle Initial)  
Anne M Zaring

Mailing Address 1901 William Howard Taft Rd.

City State Zip Code  
Cincinnati OH 45206

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

Name of Employer None Occupation Housewife

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special-Primary

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
06 / 10 / 2005

Transaction ID: SA11A1.4461

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)  
Peter Zurkow

Mailing Address 6 Rectory Lane

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Paine Webber Occupation Investment banker

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special-Primary

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
06 / 04 / 2005

Transaction ID: SA11A1.4300

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	29558.33

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 33
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input checked="" 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)  
Wulsin for Congress

**A.** Full Name (Last, First, Middle Initial)  
Dr. Victoria Wulsin

Mailing Address 8875 Spooky Ridge Lane

City State Zip Code  
Cincinnati OH 45242

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

Name of Employer Soteni International, Inc. Occupation President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special-Primary

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 07 / 2005

**Transaction ID:** SA13A.4370

Amount of Each Receipt this Period  
10000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dr. Victoria Wulsin

Mailing Address 8875 Spooky Ridge Lane

City State Zip Code  
Cincinnati OH 45242

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

Name of Employer Soteni International, Inc. Occupation President

Receipt For: 2005  
 Primary  General  
 Other (specify) ▼  
 Special-Primary

Election Cycle-to-Date ▼  
20000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2005

**Transaction ID:** SA13A.4608

Amount of Each Receipt this Period  
10000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	20000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	20000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 33

<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)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. Terris Barnes Walters</b>		<b>Transaction ID: SB17.5265</b>	
Mailing Address 400 Montgomery St., Ste. 900		Date of Disbursement 06 / 16 / 2005	
City San Francisco	State CA	Zip Code 94104	Amount of Each Disbursement this Period 11234.99
Purpose of Disbursement Direct Mail Brochures		006 Category/ Type	
Candidate Name Wulsin for Congress		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		
State: OH	District: 02		

Full Name (Last, First, Middle Initial) <b>B. Mr Howard Wulsin</b>		<b>Transaction ID: SB17.4589</b>	
Mailing Address 2575 Sand Hill Rd #95		Date of Disbursement 06 / 14 / 2005	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 304.83
Purpose of Disbursement In-kind - contribution of photocopier			
Candidate Name Wulsin for Congress		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		
State: OH	District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11539.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11539.82</b>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. Sean E Bertram</b>		<b>Transaction ID: SB21.4559</b> Date of Disbursement 06 / 07 / 2005
Mailing Address 2053 Quartz Cliff St. Unit # 202		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89117	Purpose of Disbursement Compensation for campaign direction Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	

Full Name (Last, First, Middle Initial) <b>B. Sean E Bertram</b>		<b>Transaction ID: SB21.4621</b> Date of Disbursement 06 / 15 / 2005
Mailing Address 2053 Quartz Cliff St. Unit # 202		Amount of Each Disbursement this Period 985.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89117	Purpose of Disbursement Airfare for campaign director Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	

Full Name (Last, First, Middle Initial) <b>C. Sean E Bertram</b>		<b>Transaction ID: SB21.4640</b> Date of Disbursement 06 / 18 / 2005
Mailing Address 2053 Quartz Cliff St. Unit # 202		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89117	Purpose of Disbursement Compensation for campaign direction Candidate Name Wulsin for Congress Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5985.32</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 33

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

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NAME OF COMMITTEE (In Full)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. Kathy Binns</b>		<b>Transaction ID: SB21.4568</b> Date of Disbursement 06 / 10 / 2005
Mailing Address 1179 Herschel Ave.		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45208	Category/ Type	
Purpose of Disbursement Consultation as campaign manager		
Candidate Name Wulsin for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	

Full Name (Last, First, Middle Initial) <b>B. Kathy Binns</b>		<b>Transaction ID: SB21.4570</b> Date of Disbursement 06 / 10 / 2005
Mailing Address 1179 Herschel Ave.		Amount of Each Disbursement this Period 110.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45208	Category/ Type	
Purpose of Disbursement Mileage		
Candidate Name Wulsin for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	

Full Name (Last, First, Middle Initial) <b>C. Kathy Binns</b>		<b>Transaction ID: SB21.4619</b> Date of Disbursement 06 / 15 / 2005
Mailing Address 1179 Herschel Ave.		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45208	Category/ Type	
Purpose of Disbursement Consultation as campaign manager		
Candidate Name Wulsin for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3110.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 33

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

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NAME OF COMMITTEE (In Full)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. Campaign Products of the Rockies</b>		<b>Transaction ID: SB21.4635</b> Date of Disbursement
Mailing Address PO Box 13365		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2005"/>
City Denver	State CO	Zip Code 80201
Purpose of Disbursement promotional materials		<input type="text" value="006"/> Category/ Type
Candidate Name Wulsin for Congress		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	
State: OH	District: 02	Amount of Each Disbursement this Period <input type="text" value="696.09"/>

Full Name (Last, First, Middle Initial) <b>B. Adam Hyland</b>		<b>Transaction ID: SB21.4241</b> Date of Disbursement
Mailing Address 248 Loraine		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2005"/>
City Cincinnati	State OH	Zip Code 45220
Purpose of Disbursement Compensation for field coordination		<input type="text" value="001"/> Category/ Type
Candidate Name Wulsin for Congress		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	
State: OH	District: 02	Amount of Each Disbursement this Period <input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Adam Hyland</b>		<b>Transaction ID: SB21.4385</b> Date of Disbursement
Mailing Address 248 Loraine		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2005"/>
City Cincinnati	State OH	Zip Code 45220
Purpose of Disbursement Compensation for field coordination		<input type="text" value="001"/> Category/ Type
Candidate Name Wulsin for Congress		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	
State: OH	District: 02	Amount of Each Disbursement this Period <input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1696.09"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 27 / 33

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

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NAME OF COMMITTEE (In Full)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. Adam Hyland</b>		<b>Transaction ID: SB21.4566</b> Date of Disbursement 06 / 10 / 2005	
Mailing Address 248 Loraine		Amount of Each Disbursement this Period 513.65	
City Cincinnati State OH Zip Code 45220	Purpose of Disbursement Compensation for field coordination Candidate Name Wulsin for Congress	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		

Full Name (Last, First, Middle Initial) <b>B. Adam Hyland</b>		<b>Transaction ID: SB21.4617</b> Date of Disbursement 06 / 15 / 2005	
Mailing Address 248 Loraine		Amount of Each Disbursement this Period 463.30	
City Cincinnati State OH Zip Code 45220	Purpose of Disbursement compensation for field coordination Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		

Full Name (Last, First, Middle Initial) <b>C. Adam Hyland</b>		<b>Transaction ID: SB21.4623</b> Date of Disbursement 06 / 15 / 2005	
Mailing Address 248 Loraine		Amount of Each Disbursement this Period 250.00	
City Cincinnati State OH Zip Code 45220	Purpose of Disbursement one half week compensation field coordin Candidate Name Wulsin for Congress	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1226.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. Peerless Printing</b>		<b>Transaction ID:</b> SB21.4236 Date of Disbursement 05 / 27 / 2005
Mailing Address 407 Gilbert Avenue		Amount of Each Disbursement this Period 583.15
City Cincinnati	State OH Zip Code 45202	
Purpose of Disbursement Buy t-shirts		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Wulsin for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	
State: OH District: 02		

Full Name (Last, First, Middle Initial) <b>B. Ridder Braden Inc.</b>		<b>Transaction ID:</b> SB21.4633 Date of Disbursement 06 / 18 / 2005
Mailing Address 1900 Grant St. Ste. 1170		Amount of Each Disbursement this Period 8562.00
City Denver	State CO Zip Code 80203	
Purpose of Disbursement Compensation for campaign strategy		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name Wulsin for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	
State: OH District: 02		

Full Name (Last, First, Middle Initial) <b>C. Terris Barnes Walters</b>		<b>Transaction ID:</b> SB21.4376 Date of Disbursement 06 / 02 / 2005
Mailing Address 400 Montgomery St., Ste. 900		Amount of Each Disbursement this Period 13200.00
City San Francisco	State CA Zip Code 94104	
Purpose of Disbursement Direct mail brochures		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>22345.15</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 33

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

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NAME OF COMMITTEE (In Full)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. Terris Barnes Walters</b>		<b>Transaction ID: SB21.4639</b> Date of Disbursement 06 / 16 / 2005
Mailing Address 400 Montgomery St., Ste. 900		Amount of Each Disbursement this Period 11234.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Francisco State CA Zip Code 94104		
Purpose of Disbursement Direct mail brochures Candidate Name Wulsin for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02	Category/Type	
Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		

Full Name (Last, First, Middle Initial) <b>B. The Jos Berning Printing</b>		<b>Transaction ID: SB21.4379</b> Date of Disbursement 06 / 03 / 2005
Mailing Address 1850 Dalton St.		Amount of Each Disbursement this Period 716.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45214		
Purpose of Disbursement Buy stationery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001	
Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		<b>Transaction ID: SB21.4387</b> Date of Disbursement 06 / 04 / 2005
Mailing Address Madeira Branch		Amount of Each Disbursement this Period 74.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45243		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001	
Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>12025.89</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 33

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

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NAME OF COMMITTEE (In Full)  
Wulsin for Congress

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		<b>Transaction ID: SB21.4389</b> Date of Disbursement
Mailing Address Madeira Branch		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2005"/>
City Cincinnati	State OH	Zip Code 45243
Purpose of Disbursement	<input type="text" value="001"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="38.75"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Special-Primary	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		<b>Transaction ID: SB21.4564</b> Date of Disbursement
Mailing Address Madeira Branch		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2005"/>
City Cincinnati	State OH	Zip Code 45243
Purpose of Disbursement	<input type="text" value="001"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="38.98"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Special-Primary	

Full Name (Last, First, Middle Initial) <b>C. Winning Connections</b>		<b>Transaction ID: SB21.4575</b> Date of Disbursement
Mailing Address 317 Pennsylvania Ave., SE		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2005"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Telephone calling to voters	<input type="text" value="004"/>	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="6616.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Special-Primary	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6693.73"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 33

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

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)  
Wulsin for Congress

Full Name (Last, First, Middle Initial)

**A. Winning Connections**

Mailing Address 317 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Telephone calling to voters

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

State: District:

Special-Primary

Transaction ID: SB21.4581

Date of Disbursement

06 / 12 / 2005

Amount of Each Disbursement this Period

750.00

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

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

750.00

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

53834.11

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 32 / 33
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 Wulsin for Congress

**Transaction ID: SC/10.4370**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Dr. Victoria Wulsin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 8875 Spooky Ridge Lane	
City Cincinnati State OH ZIP Code 45242	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 07 Y Y Y Y 2005	open	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	



**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 33 / 33
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 Wulsin for Congress

**Transaction ID: SC/10.4608**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Dr. Victoria Wulsin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 8875 Spooky Ridge Lane	
City Cincinnati State OH ZIP Code 45242	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 15 Y Y Y Y 2005	none	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>10000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>20000.00</b>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	