

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
DEMOCRATS FOR EDUCATION REFORM

ADDRESS (number and street) 24 W. 46th Street #4
New York NY 10036
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00417733
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 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Charles H. Ledley

Signature of Treasurer Electronically Filed by Charles H. Ledley Date 01 28 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
DEMOCRATS FOR EDUCATION REFORM

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B 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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		700.48
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	21085.87									
(c) Total Receipts (from Line 19)	119125.00	139726.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	140210.87	140426.48								
7. Total Disbursements (from Line 31)	85407.79	85623.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54803.08	54803.08								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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
DEMOCRATS FOR EDUCATION REFORM

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	118250.00	138750.00
(i) Itemized (use Schedule A)	875.00	976.00
(ii) Unitemized	119125.00	139726.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	119125.00	139726.00
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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))	119125.00	139726.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	119125.00	139726.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	67107.79	67323.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	67107.79	67323.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12300.00	12300.00
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.....	6000.00	6000.00
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))..	85407.79	85623.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85407.79	85623.40

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	119125.00	139726.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119125.00	139726.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	67107.79	67323.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	67107.79	67323.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 36
	<input checked="" 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 type="checkbox"/> 17	

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)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) Joanne L. Ackerman		Date of Receipt
	Mailing Address 3229 R Street NW		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Washington	DC	20007
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4212
Name of Employer Self-employed		Occupation Journalist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>

B.	Full Name (Last, First, Middle Initial) Peter Ackerman		Date of Receipt
	Mailing Address 1919 Pennsylvania Avenue NW #725		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4210
Name of Employer Rockport Capital Inc.		Occupation Managing Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>

C.	Full Name (Last, First, Middle Initial) Karen Ackman		Date of Receipt
	Mailing Address 888 Seventh Avenue 29th Floor		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	New York	NY	10019
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4208
Name of Employer Pershing Square		Occupation Founder	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 36
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
DEMOCRATS FOR EDUCATION REFORM

A.

Full Name (Last, First, Middle Initial)
William A. Ackman

Mailing Address 888 Seventh Avenue 29th Floor

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Pershing Square Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11AI.4206

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Benjamin S. Appen

Mailing Address 11 Christopher Street #4S

City State Zip Code
New York NY 10014

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

Name of Employer Occupation
Magnitude Capital Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA11AI.4214

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Dora Caceres

Mailing Address 1345 Avenue of the Americas

City State Zip Code
New York NY 10105

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

Name of Employer Occupation
Self-employed Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: SA11AI.4255

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **15000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 36
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) Angus Davis		Date of Receipt MM / DD / YYYY 09 / 13 / 2007		
	Mailing Address 109 Pratt Street		Transaction ID: SA11AI.4278		
	City Providence	State RI	Zip Code 02906	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Microsoft	Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Anthony Davis		Date of Receipt MM / DD / YYYY 08 / 21 / 2007		
	Mailing Address 257 W. 17th Street PH-A		Transaction ID: SA11AI.4222		
	City New York	State NY	Zip Code 10011	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anchorage Capital	Occupation Investor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

C.	Full Name (Last, First, Middle Initial) Terri F. Dunham		Date of Receipt MM / DD / YYYY 09 / 17 / 2007		
	Mailing Address 6413 Lakeview Drive		Transaction ID: SA11AI.4224		
	City Falls Church	State VA	Zip Code 22041	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Collaborative Communications Group	Occupation Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	6250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATS FOR EDUCATION REFORM

<p>A. Full Name (Last, First, Middle Initial) Sidney Gargiulo</p> <p>Mailing Address 147 Sullivan Street #1B</p> <p>City State Zip Code New York NY 10012</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hawkshaw Capital Analyst</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 08 / 15 / 2007</p> <p>Transaction ID: SA11AI.4234</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Robert L. Goldstein</p> <p>Mailing Address 927 5th Avenue</p> <p>City State Zip Code New York NY 10021</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Gotham Capital Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 12 / 10 / 2007</p> <p>Transaction ID: SA11AI.4226</p> <p>Amount of Each Receipt this Period 5000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Stephanie Goldstein</p> <p>Mailing Address 927 5th Avenue</p> <p>City State Zip Code New York NY 10021</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Barclays Bank Trader</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 12 / 10 / 2007</p> <p>Transaction ID: SA11AI.4228</p> <p>Amount of Each Receipt this Period 5000.00</p>
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SUBTOTAL of Receipts This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 36
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) Joel Greenblatt		Date of Receipt
	Mailing Address 245 Middleneck Rd.		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Sands Point	NY	11050
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4230
Name of Employer Gotham Capital		Occupation Investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>

B.	Full Name (Last, First, Middle Initial) Julia Greenblatt		Date of Receipt
	Mailing Address 6 Vanderbilt Drive		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Sands Point	NY	11050
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4232
Name of Employer Self-employed		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>

C.	Full Name (Last, First, Middle Initial) Charles H. Ledley		Date of Receipt
	Mailing Address 305 2nd Avenue #516		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	New York	NY	10003
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4243
Name of Employer Cornwall Capital		Occupation Investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="15000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 36
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) James A. Mai		Date of Receipt	
	Mailing Address 1 West 6th Street		M M / D D / Y Y Y Y Y 07 / 10 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.4245
	New York	NY	10023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer Cornwall Capital		Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		5000.00		

B.	Full Name (Last, First, Middle Initial) Rafael Mayer		Date of Receipt	
	Mailing Address 140 East 45th Street 28th Floor		M M / D D / Y Y Y Y Y 08 / 08 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.4247
	New York	NY	10017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer Khronos LLC		Occupation Investor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		5000.00		

C.	Full Name (Last, First, Middle Initial) Yvette Mayer		Date of Receipt	
	Mailing Address 140 East 45th Street 28th Floor		M M / D D / Y Y Y Y Y 08 / 08 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.4249
	New York	NY	10017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer Self-employed		Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		5000.00		

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 36
(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"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
DEMOCRATS FOR EDUCATION REFORM

A.

Full Name (Last, First, Middle Initial)
Richard Murawczyk

Mailing Address 111 Barrow Street #4C

City State Zip Code
New York NY 10014

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

Name of Employer Knott Partners Occupation Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2007

Transaction ID: SA11AI.4251

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Michael Novogratz

Mailing Address 1345 Avenue of the Americas

City State Zip Code
New York NY 10105

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

Name of Employer Fortress Investment Group Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: SA11AI.4253

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
John Petry

Mailing Address 260 W. 72nd St. #4D

City State Zip Code
New York NY 10023

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

Name of Employer Gotham Capital Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: SA11AI.4257

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **11000.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATS FOR EDUCATION REFORM

A. Full Name (Last, First, Middle Initial)
 Karen Petry
 Mailing Address 260 W. 72nd St. #4D
 City State Zip Code
 New York NY 10023
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 13 / 2007
Transaction ID: SA11AI.4259
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed Homemaker
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
 Daniel Rothenberg
 Mailing Address 1101 Lantona Street
 City State Zip Code
 Philadelphia PA 19147
 Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2007
Transaction ID: SA11AI.4263
 Amount of Each Receipt this Period
 3500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pig Iron Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3500.00

C. Full Name (Last, First, Middle Initial)
 David Smith
 Mailing Address 464 Brady Road
 City State Zip Code
 Sackets Hrbor NY 13685
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2007
Transaction ID: SA11AI.4265
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Jefferson Anesthesia Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► **8750.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 14 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATS FOR EDUCATION REFORM

A. Full Name (Last, First, Middle Initial)
 Christopher Stavrou
 Mailing Address 36 Cedar Cliff Road
 City State Zip Code
 Riverside CT 06878
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 1 / 2 0 0 7
Transaction ID: SA11AI.4280
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed Investor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

B. Full Name (Last, First, Middle Initial)
 Whitney R. Tilson
 Mailing Address 1165 Fifth Ave. #4C
 City State Zip Code
 New York NY 10029
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 0 / 2 0 0 7
Transaction ID: SA11AI.4267
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 T3 Partners Investor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
 Joe Williams
 Mailing Address 24 W. 46th Street #4
 City State Zip Code
 New York NY 10036
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 3 / 2 0 0 7
Transaction ID: SA11AI.4268
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Democrats for Education Reform Executive Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► **10250.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 15 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DEMOCRATS FOR EDUCATION REFORM

A. Full Name (Last, First, Middle Initial)
 Todd Williams
 Mailing Address 5119 Seneca
 City State Zip Code
 Dallas TX 75209
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 14 / 2007
Transaction ID: SA11AI.4270
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Goldman Sachs Investor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
 Brian Zied
 Mailing Address 188 E. 64th Street #3501
 City State Zip Code
 New York NY 10065
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2007
Transaction ID: SA11AI.4272
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Maverick Capital Investor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

C. Full Name (Last, First, Middle Initial)
 Elisa Zied
 Mailing Address 188 E. 64th Street #3501
 City State Zip Code
 New York NY 10065
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 08 / 2007
Transaction ID: SA11AI.4274
 Amount of Each Receipt this Period
 5000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed Nutritionist
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

SUBTOTAL of Receipts This Page (optional) ► 11000.00
TOTAL This Period (last page this line number only) ► 118250.00

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)
DEMOCRATS FOR EDUCATION REFORM

A. Full Name (Last, First, Middle Initial) 1770 Sherman Street LLC <hr/> Mailing Address 1770 Sherman Street <hr/> City Denver State CO Zip Code 80203 <hr/> Purpose of Disbursement Facility Rental Deposit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4152 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 7
	Amount of Each Disbursement this Period 4775.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Authorize.net <hr/> Mailing Address 915 S. 500 East #200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4122 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
	Amount of Each Disbursement this Period 21.70
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Authorize.net <hr/> Mailing Address 915 S. 500 East #200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4129 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
	Amount of Each Disbursement this Period 20.40
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4817.10

TOTAL 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)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) Authorize.net	Transaction ID: SB21B.4143 Date of Disbursement
	Mailing Address 915 S. 500 East #200	<input type="text" value="09"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="20.00"/>
	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.	Full Name (Last, First, Middle Initial) Authorize.net	Transaction ID: SB21B.4146 Date of Disbursement
	Mailing Address 915 S. 500 East #200	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="21.80"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Authorize.net	Transaction ID: SB21B.4157 Date of Disbursement
	Mailing Address 915 S. 500 East #200	<input type="text" value="11"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="20.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="61.80"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) Authorize.net	Transaction ID: SB21B.4175 Date of Disbursement 12 / 04 / 2007
	Mailing Address 915 S. 500 East #200	Amount of Each Disbursement this Period 20.20
	City American Fork State UT Zip Code 84003	
	Purpose of Disbursement Credit Card Processing Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Education Reform Now Advocacy	Transaction ID: SB21B.4149 Date of Disbursement 10 / 09 / 2007
	Mailing Address 24 W. 46th Street #4	Amount of Each Disbursement this Period 3386.91
	City New York State NY Zip Code 10036	
	Purpose of Disbursement Salary	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joe Williams	Transaction ID: SB21B.4149.0 Date of Disbursement 10 / 09 / 2007
	Mailing Address 24 W. 46th Street #4	Amount of Each Disbursement this Period 3058.78
	City New York State NY Zip Code 10036	
	Purpose of Disbursement Salary	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	3407.11
TOTAL 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)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) Barbara Martin	Transaction ID: SB21B.4149.1 Date of Disbursement 10 / 09 / 2007
	Mailing Address 406 Elk Circle	Amount of Each Disbursement this Period 328.13
	City Basalt State CO Zip Code 81621	
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Education Reform Now Advocacy	Transaction ID: SB21B.4151 Date of Disbursement 10 / 09 / 2007
	Mailing Address 24 W. 46th Street #4	Amount of Each Disbursement this Period 9271.67
	City New York State NY Zip Code 10036	
	Purpose of Disbursement Travel, Event & Admin. Exp. 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) ▼

C.	Full Name (Last, First, Middle Initial) Hotel Washington	Transaction ID: SB21B.4151.0 Date of Disbursement 10 / 09 / 2007
	Mailing Address 515 15th Street NW	Amount of Each Disbursement this Period 3118.50
	City Washington State DC Zip Code 20004	
	Purpose of Disbursement Catering 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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	9271.67
TOTAL 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)

PAGE 20 / 36

<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)
DEMOCRATS FOR EDUCATION REFORM

<p>A. Full Name (Last, First, Middle Initial) Roll Call</p> <p>Mailing Address 50 F Street NW #700</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4151.1</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4866.25"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Hotel Washington</p> <p>Mailing Address 515 15th Street NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4151.3</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="567.56"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Kinkos</p> <p>Mailing Address P.O. Box 1935</p> <p>City Provo State UT Zip Code 84603</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4151.4</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="232.86"/></p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) Education Reform Now Advocacy	Transaction ID: SB21B.4164 Date of Disbursement
	Mailing Address 24 W. 46th Street #4	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City New York State NY Zip Code 10036	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joe Williams	Transaction ID: SB21B.4164.0 Date of Disbursement
	Mailing Address 24 W. 46th Street #4	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City New York State NY Zip Code 10036	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="4389.03"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Barbara Martin	Transaction ID: SB21B.4164.1 Date of Disbursement
	Mailing Address 406 Elk Circle	<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City Basalt State CO Zip Code 81621	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="461.54"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) Education Reform Now Advocacy	Transaction ID: SB21B.4306 Date of Disbursement
	Mailing Address 24 W. 46th Street #4	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City New York State NY Zip Code 10036	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joe Williams	Transaction ID: SB21B.4306.0 Date of Disbursement
	Mailing Address 24 W. 46th Street #4	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City New York State NY Zip Code 10036	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="3000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sarah Campbell	Transaction ID: SB21B.4306.1 Date of Disbursement
	Mailing Address 429 E. 80th Street #3C	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City New York State NY Zip Code 10021	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
DEMOCRATS FOR EDUCATION REFORM

A.

Full Name (Last, First, Middle Initial)
Barbara Martin

Mailing Address 406 Elk Circle

City Basalt State CO Zip Code 81621

Purpose of Disbursement

Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4306.2

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Education Reform Now Advocacy

Mailing Address 24 W. 46th Street #4

City New York State NY Zip Code 10036

Purpose of Disbursement

Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4173

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

3283.52

C.

Full Name (Last, First, Middle Initial)
Joe Williams

Mailing Address 24 W. 46th Street #4

City New York State NY Zip Code 10036

Purpose of Disbursement

Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4173.0

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

2435.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3283.52

TOTAL 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)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) Sarah Campbell	Transaction ID: SB21B.4173.1 Date of Disbursement 12 / 03 / 2007
	Mailing Address 429 E. 80th Street #3C	Amount of Each Disbursement this Period 295.71
	City New York State NY Zip Code 10021	
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Brienne Bellavita	Transaction ID: SB21B.4173.2 Date of Disbursement 12 / 03 / 2007
	Mailing Address 490 5th Avenue #4	Amount of Each Disbursement this Period 552.31
	City Brooklyn State NY Zip Code 11215	
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Education Reform Now Advocacy	Transaction ID: SB21B.4177 Date of Disbursement 12 / 29 / 2007
	Mailing Address 24 W. 46th Street #4	Amount of Each Disbursement this Period 4976.25
	City New York State NY Zip Code 10036	
	Purpose of Disbursement Travel & Administrative Exp. 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) ▼

SUBTOTAL of Disbursements This Page (optional)	4976.25
TOTAL 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)
DEMOCRATS FOR EDUCATION REFORM

<p>A. Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address 50 Massachusetts Avenue NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Travel Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4177.0</p> <p>Date of Disbursement 12 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 313.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Kinkos</p> <p>Mailing Address P.O. Box 1935</p> <p>City Provo State UT Zip Code 84603</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4177.1</p> <p>Date of Disbursement 12 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 231.32</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Congressional Quarterly</p> <p>Mailing Address 1255 22nd Street NW</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Publication Subscription</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4177.2</p> <p>Date of Disbursement 12 / 29 / 2007</p> <p>Amount of Each Disbursement this Period 1750.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL 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)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) LogoWorks	Transaction ID: SB21B.4177.3 Date of Disbursement 12 / 29 / 2007
	Mailing Address 333 S. 520 West #360	Amount of Each Disbursement this Period 308.67
	City Lindon State UT Zip Code 84042	
	Purpose of Disbursement Printing - Business Cards	
	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) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.4177.4 Date of Disbursement 12 / 29 / 2007
	Mailing Address 1600 Amphitheatre Parkway	Amount of Each Disbursement this Period 1068.42
	City Mountain View State CA Zip Code 94043	
	Purpose of Disbursement Internet Advertising	
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Frank Crystal and Company	Transaction ID: SB21B.4177.6 Date of Disbursement 12 / 29 / 2007
	Mailing Address 40 Broad Street #17	Amount of Each Disbursement this Period 617.25
	City New York State NY Zip Code 10004	
	Purpose of Disbursement Insurance	
	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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL 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)
DEMOCRATS FOR EDUCATION REFORM

<p>A. Full Name (Last, First, Middle Initial) Ember Communications</p> <p>Mailing Address 500 E. Grant Street #1308</p> <p>City Minneapolis State MN Zip Code 55404</p> <p>Purpose of Disbursement Issue & Policy Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4132</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Global Payments</p> <p>Mailing Address 4 Corporate Square</p> <p>City Atlanta State GA Zip Code 30329</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4147</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="58.13"/></p>
<p>C. Full Name (Last, First, Middle Initial) Global Payments</p> <p>Mailing Address 4 Corporate Square</p> <p>City Atlanta State GA Zip Code 30329</p> <p>Purpose of Disbursement Credit Card Processing Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4158</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2093.13"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
DEMOCRATS FOR EDUCATION REFORM

A. Full Name (Last, First, Middle Initial) Global Payments Mailing Address 4 Corporate Square City Atlanta State GA Zip Code 30329 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4176 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7
	Amount of Each Disbursement this Period 35.25 Category/Type

B. Full Name (Last, First, Middle Initial) Joe Williams On Education Mailing Address 24 W. 46th Street #4 City New York State NY Zip Code 10036 Purpose of Disbursement Admin. Management & Web Development Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4283 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 7
	Amount of Each Disbursement this Period 15333.90 Category/Type

C. Full Name (Last, First, Middle Initial) Joe Williams On Education Mailing Address 24 W. 46th Street #4 City New York State NY Zip Code 10036 Purpose of Disbursement Administrative & PAC Management Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4134 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 7
	Amount of Each Disbursement this Period 4224.33 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	19593.48
TOTAL 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)
DEMOCRATS FOR EDUCATION REFORM

A.

Full Name (Last, First, Middle Initial)
Joe Williams On Education

Transaction ID: SB21B.4141
Date of Disbursement

Mailing Address 24 W. 46th Street #4

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

City State Zip Code
New York NY 10036

Amount of Each Disbursement this Period

3333.33

Purpose of Disbursement
Administrative & PAC Management Fee

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Media Mezcia

Transaction ID: SB21B.4139
Date of Disbursement

Mailing Address 26 Clinton Street #4B

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

City State Zip Code
New York NY 10002

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
Web Hosting

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Media Mezcia

Transaction ID: SB21B.4172
Date of Disbursement

Mailing Address 26 Clinton Street #4B

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

City State Zip Code
New York NY 10002

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
Web Hosting

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

4533.33

TOTAL This Period (last page this line number only)

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**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 30 / 36

<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)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: SB21B.4135 Date of Disbursement
	Mailing Address 607 14th Street NW	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal Services	<input type="text" value="439.18"/>
	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.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: SB21B.4145 Date of Disbursement
	Mailing Address 607 14th Street NW	<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal Services	<input type="text" value="53.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: SB21B.4171 Date of Disbursement
	Mailing Address 607 14th Street NW	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Legal Services	<input type="text" value="106.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="598.18"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
DEMOCRATS FOR EDUCATION REFORM

A.

Full Name (Last, First, Middle Initial)
Joe Williams

Transaction ID: SB21B.4162
Date of Disbursement

Mailing Address 24 W. 46th Street #4

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

City State Zip Code
New York NY 10036

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel Expenses

Category/
Type

762.99

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Hotel Providence

Transaction ID: SB21B.4162.1
Date of Disbursement

Mailing Address 311 Westminster Street

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

City State Zip Code
Providence RI 02903

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel Expenses

Category/
Type

351.77

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Orbitz

Transaction ID: SB21B.4162.2
Date of Disbursement

Mailing Address 200 S. Wacker Drive #1900

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

City State Zip Code
Chicago IL 60606

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel Expenses

Category/
Type

324.22

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

762.99

TOTAL 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)
DEMOCRATS FOR EDUCATION REFORM

A.	Full Name (Last, First, Middle Initial) Joe Williams	Transaction ID: SB21B.4165 Date of Disbursement 11 / 20 / 2007
	Mailing Address 24 W. 46th Street #4	Amount of Each Disbursement this Period 3561.68
	City New York State NY Zip Code 10036	
	Purpose of Disbursement Travel & Event Expenses	
	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.	Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.4165.1 Date of Disbursement 11 / 20 / 2007
	Mailing Address 1600 Amphitheatre Parkway	Amount of Each Disbursement this Period 1096.12
	City Mountain View State CA Zip Code 94043	
	Purpose of Disbursement Internet Advertising	
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Croma Restaurant	Transaction ID: SB21B.4165.2 Date of Disbursement 11 / 20 / 2007
	Mailing Address 269 Newbury Street	Amount of Each Disbursement this Period 2016.39
	City Boston State MA Zip Code 02116	
	Purpose of Disbursement Catering	
	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) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	3561.68
TOTAL 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)
DEMOCRATS FOR EDUCATION REFORM

A.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 50 Massachusetts Avenue NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4165.3

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

355.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

66960.24

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)
DEMOCRATS FOR EDUCATION REFORM

A. Full Name (Last, First, Middle Initial)
BUILDING RELATIONSHIPS IN DIVERSE GEOGRAPHIC ENVIRONMENTS PAC (BRIDGE PAC)

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 412

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.4166
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE 2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.4155
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM CLYBURN

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement Contribution

Candidate Name JAMES E CLYBURN

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: SC District: 06

Transaction ID: SB23.4168
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
DEMOCRATS FOR EDUCATION REFORM

A.

Full Name (Last, First, Middle Initial)
Democrats for Education Reform NYS

Transaction ID: SB29.4160

Date of Disbursement

Mailing Address 24 W. 46th Street #4

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

City State Zip Code
New York NY 10035

Amount of Each Disbursement this Period

6000.00

Purpose of Disbursement
Transfer to Nonfederal Political Cmte.

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

6000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 36 / 36	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 DEMOCRATS FOR EDUCATION REFORM

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joe Williams On Education			Nature of Debt (Purpose): Admin. Management & Web Development Fee
Mailing Address 24 W. 46th Street #4			
City New York	State NY	ZIP Code 10036	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4119	
15333.90			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	15333.90	0.00	

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