

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

SECRETARY OF THE SENATE
RECEIVED:
08 JUL 10 AM 11:25
Office Use Only

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

STRENGTHEN OUR SENATE MAJORITY

ADDRESS (number and street) **426 C STREET NE - REAR BLDG**
 Check if different than previously reported. (ACC)
WASHINGTON DC 20002

2. FEC IDENTIFICATION NUMBER CITY STATE ZIPCODE

C00445791

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |
- Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on _____ in the State of _____

5. Covering Period **04 01 2008** through **06 30 2008**

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 Judith Zamore

Signature of Treasurer *Judith Zamore*
 Electronically Filed by Judith Zamore

Date **07 09 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							
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FEC FORM 3X
(Rev. 12/2004)

28020281038

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
STRENGTHEN OUR SENATE MAJORITY

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	W	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	W	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1"><tr><td>0.00</td></tr></table>	0.00	<table border="1"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1"><tr><td>0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19)	<table border="1"><tr><td>16950.00</td></tr></table>	16950.00	<table border="1"><tr><td>16950.00</td></tr></table>	16950.00								
16950.00												
16950.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1"><tr><td>16950.00</td></tr></table>	16950.00	<table border="1"><tr><td>16950.00</td></tr></table>	16950.00								
16950.00												
16950.00												
7. Total Disbursements (from Line 31)	<table border="1"><tr><td>16517.76</td></tr></table>	16517.76	<table border="1"><tr><td>16517.76</td></tr></table>	16517.76								
16517.76												
16517.76												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1"><tr><td>432.24</td></tr></table>	432.24	<table border="1"><tr><td>432.24</td></tr></table>	432.24								
432.24												
432.24												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1"><tr><td>0.00</td></tr></table>	0.00										
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

28020281039

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
STRENGTHEN OUR SENATE MAJORITY

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	W	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	W	Y
2	0	0	8

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	13950.00	13950.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	13950.00	13950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	3000.00	3000.00
(c) Other Political Committees (such as PACs)	16950.00	16950.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	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))	16950.00	16950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16950.00	16950.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	2092.76	2092.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2092.76	2092.76
22. Transfers to Affiliated/Other Party Committees.....	14425.00	14425.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	16517.76	16517.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16517.76	16517.76

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DETAILED SUMMARY PAGE

of Disbursements

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Page 5

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)	16950.00	16950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16950.00	16950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2092.76	2092.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2092.76	2092.76

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

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

FOR LINE NUMBER: PAGE 6 / 13
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
STRENGTHEN OUR SENATE MAJORITY

A.

Full Name (Last, First, Middle Initial)
Anne Bartley

Mailing Address **3580 Clay St**

City **San Francisco** State **CA** Zip Code **94118**

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

Name of Employer Self
Occupation **Investor**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt **06 / 24 / 2008**

Transaction ID: SA11AI.4131

Amount of Each Receipt this Period **1300.00**

B.

Full Name (Last, First, Middle Initial)
Gary F. Bengier

Mailing Address **890 El Camino Del Mar**

City **San Francisco** State **CA** Zip Code **94121**

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

Name of Employer N/A
Occupation **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **05 / 29 / 2008**

Transaction ID: SA11AI.4133

Amount of Each Receipt this Period **1000.00**

C.

Full Name (Last, First, Middle Initial)
Jeff Bleich

Mailing Address **109 Monte Ave**

City **Peidmont** State **CA** Zip Code **94611**

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

Name of Employer **Munger Tolles & Olsen**
Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 26 / 2008**

Transaction ID: SA11AI.4143

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional) ▶ **2800.00**

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

28020281043

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

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

FOR LINE NUMBER: PAGE 7 / 13

(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)
STRENGTHEN OUR SENATE MAJORITY

A. Full Name (Last, First, Middle Initial) Christina Lee Brown Mailing Address 6501 Longview Ln City Louisville State KY Zip Code 40222 FEC ID number of contributing federal political committee. C Name of Employer N/A Occupation Civic Volunteer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00		Date of Receipt M M / D D / Y Y Y Y Y Y 0 5 / 2 9 / 2 0 0 8 Transaction ID: SA11AI.4135 Amount of Each Receipt this Period 2300.00
B. Full Name (Last, First, Middle Initial) Owsley Brown, II Mailing Address 6501 Longview Ln City Louisville State KY Zip Code 40222 FEC ID number of contributing federal political committee. C Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00		Date of Receipt M M / D D / Y Y Y Y Y Y 0 5 / 2 9 / 2 0 0 8 Transaction ID: SA11AI.4134 Amount of Each Receipt this Period 2300.00
C. Full Name (Last, First, Middle Initial) Patricia Dinner Mailing Address 1166 Filbert St City San Francisco State CA Zip Code 94109 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Real Estate Investment Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y Y 0 5 / 2 9 / 2 0 0 8 Transaction ID: SA11AI.4138 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) ▶		4850.00
TOTAL This Period (last page this line number only) ▶	

28020281044

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

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

FOR LINE NUMBER: PAGE 8 / 13

(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

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NAME OF COMMITTEE (In Full)
STRENGTHEN OUR SENATE MAJORITY,

A.

Full Name (Last, First, Middle Initial)
Robert Trent Jones, Jr.

Mailing Address 198 Chrchill Ave

City Woodside State CA Zip Code 94062

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

Name of Employer Robert Trent Jones II LLC Occupation Golf Course Architech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 29 / 2008
Transaction ID: SA11AI.4132
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Vinod Khosla

Mailing Address 3000 Sand Hill Rd, Bldg 3-170

City Menlo Park State CA Zip Code 94025

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

Name of Employer Khosla Ventures Occupation Venture Capitalist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 06 / 26 / 2008
Transaction ID: SA11AI.4141
Amount of Each Receipt this Period 2300.00

C.

Full Name (Last, First, Middle Initial)
Paul H. Klingenstein

Mailing Address One Embarcadero Ctr #4000

City San Francisco State CA Zip Code 94111

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

Name of Employer Aberdare Management Co, LLC Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 29 / 2008
Transaction ID: SA11AI.4136
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

28020281045

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

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

FOR LINE NUMBER: PAGE 9 / 13
(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)
STRENGTHEN OUR SENATE MAJORITY

A.

Full Name (Last, First, Middle Initial) Laura Lauder		Date of Receipt MM / DD / YYYY 06 / 24 / 2008	
Mailing Address 88 Mercedes Ln		Transaction ID: SA11AI.4130	
City Atherton	State CA	Zip Code 94027	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00	
Name of Employer Lauder Partners, LLC		Occupation Venture Capitalist	
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) Judith Zamore		Date of Receipt MM / DD / YYYY 06 / 17 / 2008	
Mailing Address PO Box 76187		Transaction ID: SA11AI.4139	
City Washington	State DC	Zip Code 20002	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		In-kind - Compliance & Accounting Svcs	
Name of Employer The Zamore Group, LLC		Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	13950.00

28020281046

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

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

FOR LINE NUMBER: PAGE 10 / 13
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
STRENGTHEN OUR SENATE MAJORITY

A.

Full Name (Last, First, Middle Initial) Gilead Sciences Healthcare Policy PAC		Date of Receipt
Mailing Address 333 Lakeside Drive		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
City	State	Zip Code
Foster City	CA	94404
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4142
<input type="text" value="C"/> <input type="text" value="C00396895"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Physicians for a Democratic Majority		Date of Receipt
Mailing Address 3201 Mission St		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
City	State	Zip Code
San Francisco	CA	94110
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4137
<input type="text" value="C"/> <input type="text" value="C00400093"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3000.00"/>

28020281047

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

<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)
STRENGTHEN OUR SENATE MAJORITY

<p>A. Full Name (Last, First, Middle Initial) American Airlines</p> <p>Mailing Address P.O. Box 619612 MD 2400</p> <p>City DFW Airport State TX Zip Code 75261</p> <p>Purpose of Disbursement Travel - AJ Goodman Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4149 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 319.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) AJ Goodman</p> <p>Mailing Address 444 Brickell Ave #51-470</p> <p>City Miami State FL Zip Code 33131</p> <p>Purpose of Disbursement Reimburse Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4148 Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 588.85</p>
<p>C. Full Name (Last, First, Middle Initial) Peggy Shapiro Graphic Design</p> <p>Mailing Address 2555 N Clark St</p> <p>City Chicago State IL Zip Code 60614</p> <p>Purpose of Disbursement Invitation Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4145 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	
<p>888.85</p>	

28020281048

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 13
<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b
<input type="checkbox"/> 24	<input type="checkbox"/> 28c	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
STRENGTHEN OUR SENATE MAJORITY

A.	Full Name (Last, First, Middle Initial) Westin San Francisco Market Street	Transaction ID: SB21B.4150 Date of Disbursement 06 / 26 / 2008
	Mailing Address 50 Third Street	Amount of Each Disbursement this Period 175.00
	City San Francisco State CA Zip Code 94103	
	Purpose of Disbursement Travel - AJ Goodman Expense	
	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) Judith Zamore	Transaction ID: SB21B.4140 Date of Disbursement 06 / 17 / 2008
	Mailing Address PO Box 76187	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement In-kind - Compliance & Accounting Svcs	
	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)	1000.00
TOTAL This Period (last page this line number only)	1888.85

28020281049

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 13 / 13				
	<input type="checkbox"/> 21b	<input checked="" 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

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NAME OF COMMITTEE (In Full)
STRENGTHEN OUR SENATE MAJORITY

A.	Full Name (Last, First, Middle Initial) Allen for Senate	Transaction ID: SB22.4146
	Mailing Address 550 Forest Ave, Suite 101	Date of Disbursement 06 / 27 / 2008
City Portland	State ME	Zip Code 04101
Purpose of Disbursement Transfer	Amount of Each Disbursement this Period 6775.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ME	District: 00	

B.	Full Name (Last, First, Middle Initial) Udall for Us All	Transaction ID: SB22.4147
	Mailing Address 3311 Candelaria NE Suite A	Date of Disbursement 06 / 27 / 2008
City Albuquerque	State NM	Zip Code 87107
Purpose of Disbursement Transfer	Amount of Each Disbursement this Period 7650.00	
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 00	

SUBTOTAL of Disbursements This Page (optional)	14425.00
TOTAL This Period (last page this line number only)	14425.00

28020281050

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 07-10-08
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
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USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

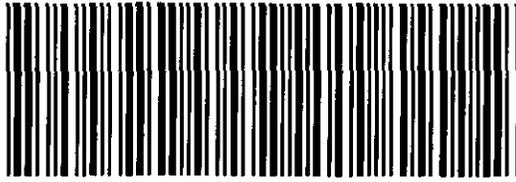
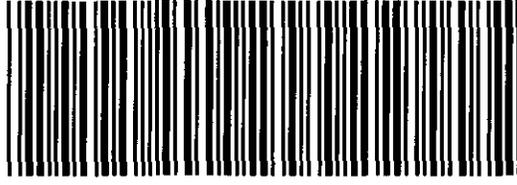
POSTMARK ILLEGIBLE NO POSTMARK

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Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 07-10-08

28020281051



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